Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE **ALTH** 

	1	6160.		INIED	ICAL EXAM	INEK 2	CERTIFICATE	UF DEATH		103	15		
PT.		PLACE OF DEATH o. COUNTY	Vicomico		MA	IRYLAND	2. USUAL RESIDENCE	(Where deceased yland	lived, if institu b. COU	INTY	ce befare a		
event within 72 hours after death.		b, CITY OR TOWN write RURAL an	(If outside carparate limits id give nearest tawn)	i,	c. LENGTH OF STA		c. CITY OR TOWN (If	outside carporate l	imits, write RL				
afte	-	d. NAME OF HOSPI	Salisbury TAL OR INSTITUTION (If no	it in haspital,	give street address)		d. STREET ADDRESS	tsville		0	2. / e. j	S RESIDE	CE
80			Peninsula Ge									ON A FAR	
n 72 r		NAME OF DECEASED (Type ar pnnt)	ALLEN		Middle JAMES		Lost BAKER	4. DATE OF DEATH	Mar 1	1-22-t	Doy 56	Year 19	
MIN I	S.	SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR	100	8. DATE OF BIRTH 7-1-48	9. A	GE (In years ast birthday) 18 yrs.	IF UNDER Months		UNDER 2	HRS. Min.
	10o dur	USUAL OCCUPATIO	N (Give kind of wark dane		ND OF BUSINESS OR DUSTRY School		Maryla				TIZEN OF W DUNTRY?	THAT	
	13.	FATHER'S NAME	_	***			14. MOTHER'S MAIDE	N NAME	-				-
			James O.				Doris	Knapp					
	15. (Ye	WAS DECEASED EV (es, na, <u>or up</u> known)	ER IN U.S. ARMED FORCES? (If yes give war ar dates a	Canmian	SOCIAL SECURITY NO		Mes O. B	-1 TO 4	Addi		25.2		
ı, ar remaval,			TH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE	se per line far (a)Fr	(a), (b), and (c).)		tion cervi				INTERV	AND DEA	EN TH
burial, cremotion,		Conditions, if ony rise to immedia stoting the unde last.	y, which gove te couse (a),	(b)									
0 0	ATION	PART II, OTHER S	IGNIFICANT CONDITIONS C		TO DEATH BUT NOT F	RELATED TO	THE TERMINAL DISEASE (	ONDITION GIVEN I	N PART 1(a)		19. W/ PEI YES	AS AUTOP: RFORMED NO	y
prior to	CERTIFICATION	20g. EXTERNAL C. PRIMARY XX gr CC CAUSE OF DEATH.	AUSE WAS ONTRIBUTING				(Enter nature of injury						
dgent,	MEDICAL	20c. TIME OF IN.	URY Manth, Day, Year m. 11-22-66	20d. 1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, to lary, street, office bldg., e 1.0 346	rm, 2Df. (0	ity or town)	4	iunty)	4-	ite)
designoted agent,		21. I certif	fy that I took charge		noins described	obove, he		Inspection	-	uiry 🗶,	and in	my op	inior
ifs desi		ACTUAL SIGNATURE	mili.	2	/		CHIEF MEDIC	AL EXAMINER EDIÇAL EXAMINER			22.	DATE SI	GNED
57		EXAMINER'S NAME (Type)	Earl L. Roy	Ave	Salisbury	z. Md.	Address (Str	ICAL EXAMINER _ eet, city, tawn, ar	county) N			, 196	6
Heolth		BURIAL, CREMATI REMOVAL (Specification)	ON, 23b. DATE THE	REOF	23c. NAME OF CE	METERY OR	CREMATORY	Pitt		e, M		(Stal	e)
ME (5)	24	Whalev I	Funeral Home	hall Selt				NOV 3 0	1966	EGISTRAR'S	Menature	}	-
· Kalen I	1			y market	A . WWW 3 -	of he is	PATIE I	U U	NULL	Kunde	For House V	111111	

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

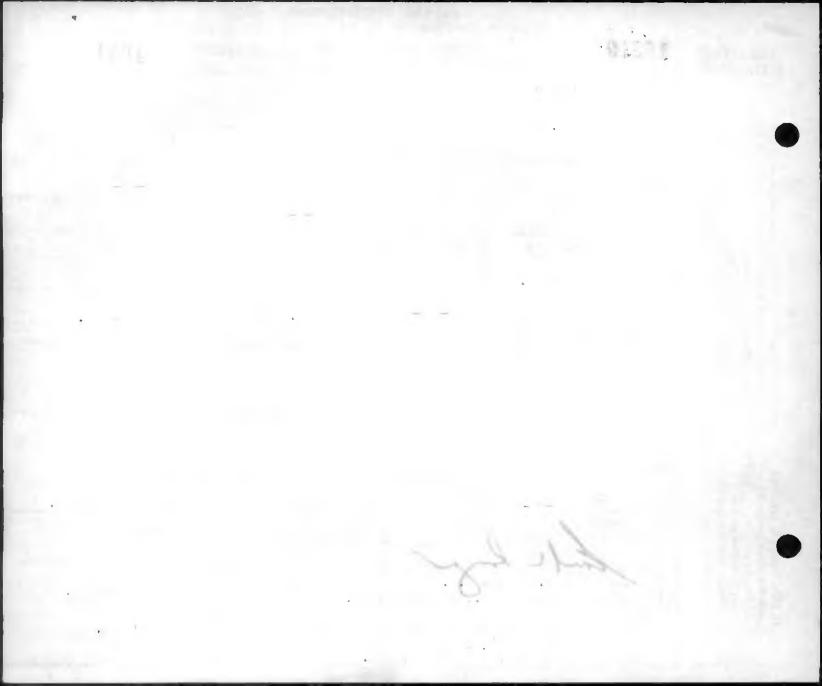
the funeral director. Page 4 should be forwarded to the Chief Medical Exorpine

This certificate shauld be executed within 24 haurs after death. If

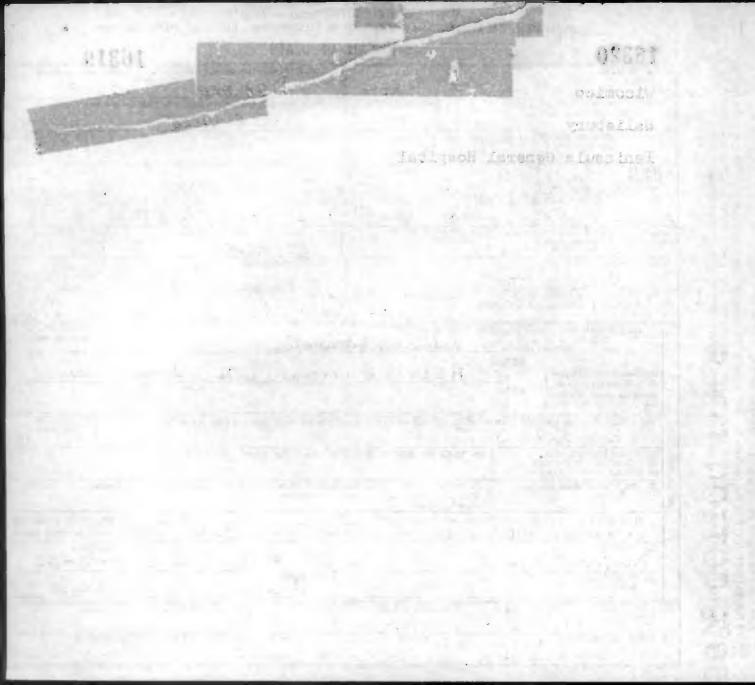
TO DEPUTY MEDICAL EXAMINER:

P.M.3. Page delay is

Office along with form



		16320	CERTIFICA	TE OF DEATH		16319
aus after death. by the funeral Pages I and 2.	1.	PLACE OF DEATH o. COUNTY	Manulaun	2. USUAL RESIDENCE (W	here deceased lived, if institut b. COUI	nian: Residence before admission)
24 haurs after ed in by the fur ppers. Pages 1 172 haurs after	-	Wicomico b. CITY OR TOWN (If outside corpore	MARYLAND on the limits, c. LENGTH OF STAY IN 16		side corparate limits, write RUI	
by 1 Pa	_	write RURAL and give neorest to Salisbury			BYVILLE	4 3
hin 24 haurs aft filled in by the papers. Pages thin 72 haurs af	3		N (If not in hospital, give street oddress)	d. STREET ADDRESS		B IS RESIDENCE ON A FARM? YES NO NO
tuted within 24 mpletely filled is ve carban paper event, within 72	The same of	NAME OF DECEASED	First Middle	2 lgst	4. DATE Mont	
campletely cave carban y event, wi	5.	(Type or print)  SEX  6. COLOR OR R	ACE 7. MARRIED NEVER MARRIED	ENNETT 8. DATE OF BIRTH	9. AGE (In years	DEF 10 1966 I IFUNDER I YEAR 1 IFUNDER 24 HRS.
axecuted and camplet remave car	J.	Emale White	WIDOWED DIVORCED	2-2-188	Law Marie L. A.	Manths Days Haurs Min.
requires that the death certificate be executed within a physician. I signed by the attending physician and campletely fills burial-transit permit. Then please remaye carban posturial, crematian, g-removal, and in any event, within	100 dy	USUAL OCCUPATION (Give kind of waring post of warking life) even if retire	INDUSTRY	11. BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT
hysici n ple val, a	13	FATHER'S NAME	11.0	14. MOTHER'S MAIDEN N.	AME // H O	
anding phy mit. Then	15	WAS DECEASED EVER IN U.S. ARMED F	HUDSON FORCES? 16. SOCIAL SECURITY NO. 17		Addre	ess of
he daath certifi attending phy permit. Then ian, orremova	(Y	es, na olyunknawn) (If yes give war a	r dotes of service 222-20-2311A	BEATRICE (	MUINS, der	BUILLE, DETA.
that the dan. by the attransit per transit per		PART I. DEATH WAS CAUSED		la let		INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremati		4201	DUE TO		1.	
physic physic signed burial- burial,		Canditions, if any, which gave rise to immediate cause (a),	OUE TO A SCY D. 2	ceronary	wherey die	eare years.
e law re tending is been as the priar ta		stating the underlying cause last.	(c)			
The atternation has se a the pr	MOIT		TIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONT	DITION GIVEN IN PART !(a)	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: The spiral or of serificate here for use the for use to the of the series of t	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINI	TH 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Port II af item 18.)	
by the haspi by the haspi lifer this cert be defached State Dept. o	MEDICAL	20k. TIME OF INJURY Manth, Day, Haur a.m. p.m.		PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)	2Df. (City or town)	(Caunty) (Stote)
- T T O		21. I certify that (I) (the	nis haspital) attended the deceased from	Mary , 19	3 26M from couses	and an the date stated above
OR ATTEN be retained DIRECTOR: ge 3 shault led with thi		22g. SIGNATURE	011111111111111111111111111111111111111			22b. DATE SIGNED
ral or any be r al DIRE page 3 e filed w		22c. PHYSICIAN'S	Special	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	11-10-66
A may AERAL far, par Id be fi		NAME (Type)		Madi		Salesbury
Page 4 may ro FUNERAL director, pag shauld be fi	23	b. BURHAL, CREMATION, 23b, I REMISSION (Specify)	DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY  CEMETERY	23d LOCATION (City or To	wn) (County) (Stote)
YR A15 (4)	2	A. FUNERAL DIRECTOR	Molan / Fr ADDRESS /	2So. REC'D		GISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16321 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PMI. Page Wicomico to Maryland Wicomico MARYLAND delay Deportment b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town) after Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours farm DOA Peninsula General Hospital 606 Pearl St. Stote YES NO TO This certificate should be executed within 24 hours ofter death. along with 3. NAME OF First Middle 4. DATE Month Last Year DECEASED OF DEATH The EVA MAE BLACKLEDGE 11-15-66 within (Type or print) with 1F UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthdoy) AA WIDOWED DIVORCED ond 2 event Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY the Chief Medical Examiner's 13. FATHER'S NAME in pencil 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: Bullet wound of heart IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), forwarded to DUE TO stoting the underlying couse 0 SD burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificote, YES X NO 9 96 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) agent, prior 3 should PRIMARY X or CONTRIBUTING 4 should CAUSE OF DEATH. Shot during altercation. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.)
Own home While Not While FUNERAL DIRECTOR: Page of work 11-15-66 606 Pearl, Salis., Wicomico, of work its designated 21. I certify that I taok charge of the remains described above, held on Autopsy [X] Inspection X and in my opinion. Inquiry X death resulted from Accident . Suicide Undetermined manner the funeral director. Natural couses Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Royer, Earl DEPUTY MEDICAL EXAMINER Heolth or November 18, 1966 Ypm Camden Ave. Salisbury. Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, (County) (Stote) 500 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Jolley Memorial Chapel, Salisbury, Md.

Marlan

VR A15ME (5)

Jan Jan

4. 6. . . . . . . . .

MARYLAND

c. LENGTH OF STAY IN 1h

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

c. CITY OR TOWN (15 outside corporate limits, write RURAL and give nearest town)

funeral s 1 and of ely filled in by the bon papers. Poge within 72 hours a pou completely event, COL remave any puo physician o 6 cremotion, signed by the buriol-transit physician. buriol, as the has been this certificate the hospitol or detoched for the Dept. of H TO FUNERAL DIRECTOR: After be retoined should director, page 3 should be filed v

within 24 hours after deoth

requires that the deoth certificate be executed

PLACE OF DEATH

Wicomico

b. CITY OR TOWN (If outside corporate limits.

write RURAL and give nearest town)

o. COUNTY

Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO THE 3. NAME OF Middle DATE Month Doy DECEASED OF DEATH Type or print) SEX DATE OF BIRTH AGE (In years IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAM 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line (a) (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? ILLOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 YES THE NO ACCIDENT WAS UNDERLYING I 20b. DESCRIBE DOW INJURY OCCURRED. (Enter noture of injury in Port I Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) Hour o.m. foctory, street, office bldg etc.) Not While ot work at work 21. I certify that (I) (this haspital) attended the deceased fram and that death accorred at 45/2 M, from causes and on the date stated above. saw the deceased olive on 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REPAOVAL (Specify) PUNERAL DIRECTOR 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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cultipation.

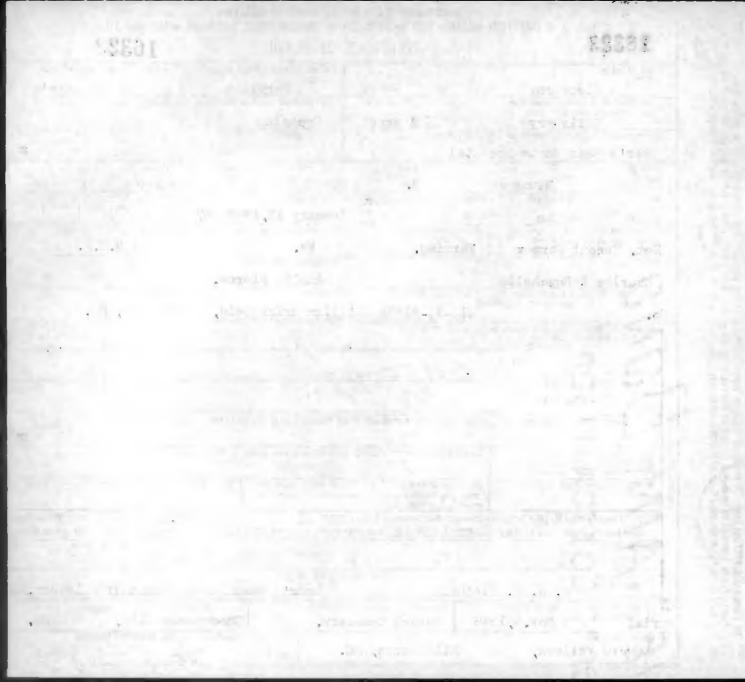
Leatener leagues countries!

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16322

Ī.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (	Where deceosed lived, if institution b. COUN					
		comico	MARYLAND		land	" Queen Anne's				
	b. CITY OR TOWN (If or	itside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RUR	AL and give nearest town)				
	write RURAL and give	Lisbury	1588 days	Crumpton	1	17.2				
		OR INSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	Deer's Hea	ad State Hospi	tal			YES NO E				
3	NAME OF DECEASED	First	Middle	Last	4. DATE Month					
	(Type or print)	Hindeman	B. I	OUCHELLE	DEATH Novembe					
S	SEX 6.	COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Dovs Hours Min.				
L	Male	White WIDOV		January 13,						
1(	o. USUAL OCCUPATION (Gi uring most of working life,	ve kind of work done 10	Ib. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT				
	Ret. Tenan	t Farmer	Farming.	Va.		U.S.A.				
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
L	Charles A	Bouchelle		Amelia P	ierce.					
1	S. WAS DECEASED EVER IN	U.S. ARMED FORCES? res give wor or dotes of service)	16. SOCIAL SECURITY NO. 17	INFORMANT	Addres	\$\$				
	No.	es dive wor or opies or service)	215-22-5199A W	illiam Brins	field, Crump	ton, Md.				
		(Enter only one couse per line	e for (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  STORCHOOPEN										
	4201 OUE TO									
	Conditions, if ony, wh		aute Con	nan h	moth	4 days				
rl-	rise to immediate couse (a), stating the underlying couse DUE TO									
ш	kast. (c)									
	PART II. OTHER SIGNII	ICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY				
CEPTIFICATION						PERFORMED? YES NO				
IFICA	200. ACCIDENT WAS UN	DERLYING 20	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)					
Fer	OR CONTRIBUTING ()	AUSE OF DEATH			,					
WEDICAL	20c. TIME OF INJURY	,	od. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City or town)	(County) (Stote)				
MED	Hour o.m.	. V	While Not While	octory, street, office bldg., etc.	)	, , ,				
	p.m.	01	ttended the deceased from.	June 27	1962 to Nov. I	, 19 <u>66</u> , that <b>[1]</b> (we) last				
	sow the dece	used alive an Novemb	per 1 19 66 and th	nat death occurred at		and on the date stated above.				
	22o. SIGNATURE	2300 0110 0112				22b. DATE SIGNED				
	121	marchi	y	M.D. ATTENDING	MED. STAFF PHYS.	11/2/20				
ш	22c. PHYSICIAN'S			22d. ADDRESS						
1	NAME (Type)	Dr. A. C. Mit	chell	Deer's F	lead State Hosp	ital:Salisbury,Md				
2	30. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Tow					
F	BEMOVAL (Specify)	Nov. 5, 1966	Bethel Ceme	tery.	Chesapeake C					
	24. FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE				
A	Edward Fe	llows,	Millington, M	Id. DATE N	OV 7' 1986 &	Charles Judge				

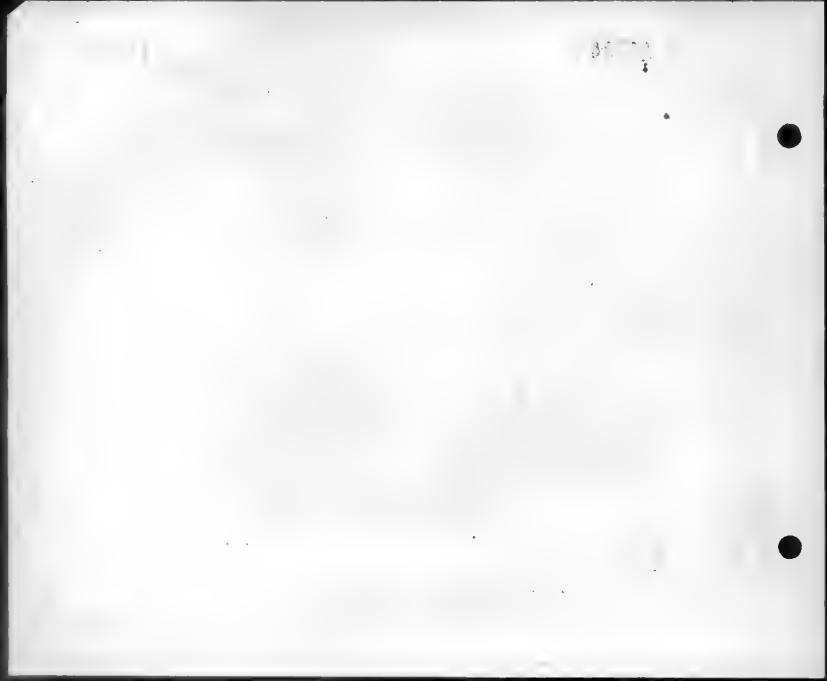
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. nove carbon papers. Pages I and by event, within 72 hours ofter dear completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please renshould be filed with the State Dept. at Health prior to burial, cremation, or removal, at the Page 4 may be retained by the hospital or attending physician.



PLACE OF DEATH		OF DEATH	1	0343
			re deceased lived, if institution	
o. COUNTY Wicomico	MARYLAND	o. STATE Mary]	and b. COUNTY	Worcester
b CITY OR TOWN (if outside carparate mits,	C LENGTH OF STAY IN 15		e carparate »mits, write RURAL	
Salisbury	9/28/66	Pocomol	- Cit	-4
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital,	give street address)	d. STREET ADDRESS	e city	e IS RESIDENC
Pine Bluff State Ho	spital	(Box 86)	1	ON A FARM YES NO
NAME OF First	Middle	Lost 4	DATE Month	Day Year
(Type or print) Sarah	Emma	Collick	OF November	r 4 19 6
SEX 6 (O.OR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24
female colored WIDOWED	DIVORCED M	ar. 26, 188	38   last burthday)   78 yrs	Months Days Haurs
	IND OF BUSINESS OR	33 BIRTHPLACE (County & S		12 CITIZEN OF WHAT
uring most of working life, even if retired) IN	NDUSTRY Canning	Stockton	Maryland	COUNTRY? U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
John H. Manuel		Laura Gumb	v	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO.   17. I	INFORMANT	Address	
Yes, na, or unknown) (If yes give war ar dates of service)	13-16-8885Re	cords of Pi	ne Bluff S	tate Hosnit
1B. CAUSE OF DEATH (Enter only one cause per line for		001 40 01 - 1		INTERVAL BETWEE
BART I DEATH WAS CAUSED BY	Pulmonar	v Tuberculo	sis	ONSET AND DEAT
UAZI DUE TO	- Gamera	<u> </u>		
Conditions, if ony, which gave ) (b)				
rise to immediate cause (a), Stating the underlying cause DUE TO				
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPS' PERFORMED?
Diabetes mellitus				YES NO
E 20g ACCIDENT WAS UNDERLYING ☐ 205. DE	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Part II of item 1B.)	<del>"</del>
				20° 1 \ 10° 1
20c TIME OF INJURY Month, Day, Year 20d II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stot
20c TIME OF INJURY Month, Day, Year 20d II	Not While - fact	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stot
20c TIME OF INJURY Month, Day, Year 20d II While at war 21. I certify that (1/4 (this haspital) atten	Nat While fact at wark at wark	Sept. 28, 196	6 to Nov. 4	, 19.6.6, that (K (we
20c TIME OF INJURY Month, Day, Year 20d II Haur o.m. 49 While p.m. 19	Nat While fact at wark at wark	Sept. 28, 199 t death accurred at 16	6 , to Nov. 4	_, 19 <u>66,</u> that ( <b>K</b> (we
20c TIME OF INJURY Month, Day, Year 20d II While at war 21. I certify that (1/4 (this haspital) atten	Nat While fact at wark at wark	Sept. 28, 195 t death accurred at 1	6, to Nov. 4	, 19 <u>66</u> , that ( <b>I</b> ) (we ad an the date stated a
20c TIME OF INJURY Month, Day, Year Haur a.m. p.m.  21. I certify that (1) (this haspital) atten saw the deceased alive an Nov.  22a. SIGNATURE	Nat While fact at wark at wark	Sept. 28, 195 t death accurred at 1.  ATTENDING ME D. PHYS	6, to Nov. 4	_, 19 <u>66,</u> that ( <b>K</b> (we
20c TIME OF INJURY Month, Day, Year Haur o.m.  p.m.  21. I certify that (**) (this haspital) atten saw the deceased alive an Nov.  22c. SIGNATURE  22c. PHYSICIAN'S	Not While of fact at wark of the deceased from 19 66 and tha	Sept. 28, 196 t death accurred at 1.0  ATTENDING ME PHYS DI	56, to Nov. 4 2:18, fram causes ar LICON STAFF D. STAFF D. STAFF	, 19 <u>66</u> , that (IX (we ad an the date stated a 22b. DATE SIGNED 11/4/66
20c TIME OF INJURY Month, Day, Year Haur a.m. pm. 19 While at worl  21. I certify that (1) (this haspital) atten saw the deceased alive an Nov.  22a. SIGNATURE  22c PHYSICIAN'S NAME (Type) E. P. Ritchi	Not While of fact wark of the deceased from 19 66 and that wark M.I.  ings, M.D.	Sept. 28, 195 t death accurred at 1 ( D. PHYS DI  22d ADDRESS Salisbu	o6, to Nov. 4 1.18, fram couses ar D. STAFF DECTOR M PHYS	_, 19 <u>66</u> , that (F) (we ad an the date stated a <sup>22b.</sup> DATE SIGNED 11/4/66
20c TIME OF INJURY Month, Day, Year Haur a.m. pm. 19 21. I certify that (1) (this haspital) atten saw the deceased alive an Nov.  22a. SIGNATURE  22c PHYSICIAN'S NAME (Type) E. P. Ritchj  23 BURIAL, CREMATION, 23b DATE THEREOF	Not While of fact work of the deceased from 19 66 and that wark of the deceased from M. M. M. M. M. D.	Sept. 28, 196 t death accurred at 1.6  ATTENDING ME PHYS DII  22d ADDRESS Salisbu	D. STAFF D.	, 19 <u>66</u> , that (IX (we ad an the date stated a 22b. DATE SIGNED 11/4/66
20c TIME OF INJURY Month, Day, Year Haur a.m. pm. 19 While at worl  21. I certify that (1) (this haspital) atten saw the deceased alive an Nov.  22a. SIGNATURE  22c PHYSICIAN'S NAME (Type) E. P. Ritchi	Not While of fact work of the deceased from 19 66 and that wark of the deceased from M. M. M. M. M. D.	Sept. 28, 195 t death accurred at 1 ( D. PHYS DI  22d ADDRESS Salisbu	D. STAFF D.	_, 19 <u>66</u> , that ( <b>F</b> ) (we ad an the date stated a 22b. DATE SIGNED 11/4/66

Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) 1 PLACE OF DEATH b. COUNTY a. COUNTY Marvland Somerset Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corpgrate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Princess Anne, Maryland 1Year-5Mos -15Days Salisbury IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS Deer's Head State Hospital Rt. #3. Box 521 YES NO X 3 NAME OF 4 DATE Middle East Month Day OF DEATH DECEASED (Type or print) Collier 66 November J. 19 Handv IF UNDER 24 HRS. F UNDER 1 YEAR B DATE OF BIRTH AGE (In years SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ast\_buthday) Doys Hours 7/9/1891 Negro Malle DIVORCED WIDOWED 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY CO NIKY? Farm Somerset, Co.Maryland U.S. A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Collier Annie Cottman IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Viola Waters Pocomoke City Md NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET, AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave nse ta immediate cause (a), **DUE TO** stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c, TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg . etc.) at wark at wark 21. I certify that (I) (this haspital) attended the deceased from 5/24/65 saw the deceased olive an 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and that death occurrence of the deceased olive and 11/5/66 19 , and and 11/5/6 I from 5/21/65 , 19 to 11/5/60 , 19 , that (1) (we) last and that death occurred at 2:05 M, from causes and on the date stated above. . 19 \_\_\_\_, that (1) (we) last 22b. DATE SIGNED 220, SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. 27d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) 23g BURIAL CREMATION (County) Burre (Specify) John Wesley Cottage Grove Md 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 25a, REC'D BY REGISTRAR

Princess Anne.Md

lianles

1966

Page 4 may be retained by the hospital or attending physician. directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

William H

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

funeral and

and campletely filled in by the fur remave carban papers. Pages 1 n any event, within 72 haurs after

physician o

the (

signed by the burial-transit p

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detached

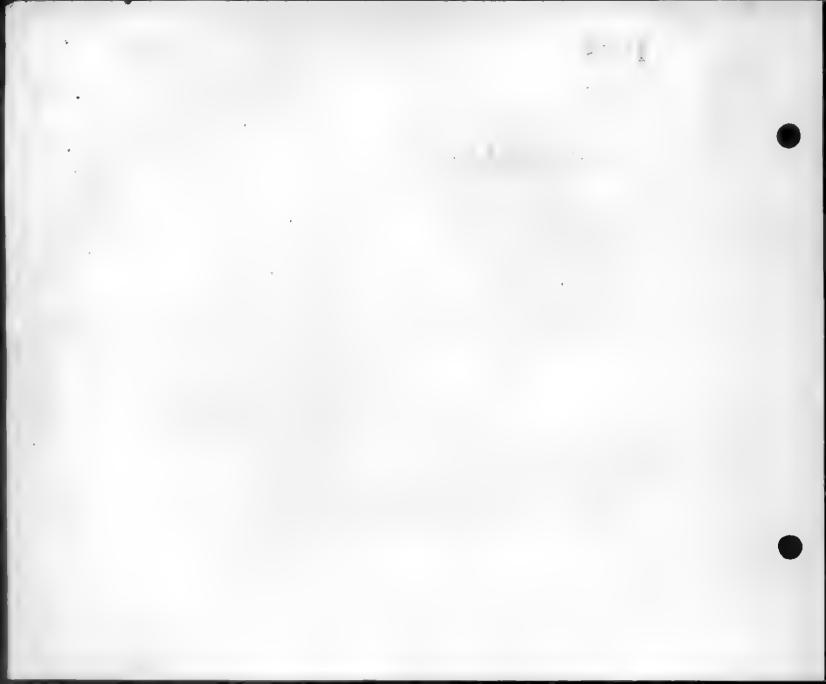
and

burial, crematian, or removg



	16326	CERTIFICATE	OF DEATH	16325	,		
1	PLACE OF DEATH O. COUNTY WICOMICO	maryland	a. STATE Virg	Yhere deceased lived; If institution. Residential b. COUNTY ACC	conack /		
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Salisbury	c LENGTH OF STAY IN 16	Chincoteague				
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
L	Peninsula General I	<u>lospital</u>	115 Colona Street YES NO				
3	NAME OF DECEASED (Type or print) Scott A	Uen Middle	ONKLIN	4. DATE Manth OF DEATH NOVEMBER			
1 .	SEX 6 COLOR OR RACE 7. MARRI Vale Widow	Land (Call	Vov. 11, 190	56 last birthday) Manths			
de:	ang mast af working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County  Salisbury,  14. MOTHER'S MAIDEN N		CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME			_			
L	Richard T. Conklin			e Carpenter			
IS. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es na, ar unknown) (If yes give war ar dates af service)		nformant chard T. (or	Address Whin Chincoteagu	ie Virginia		
	IB. CAUSE OF DEATH (Enter only one cause per line.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gove is to immediate cause (a), stating the underlying cause lost.  (c)	rock, eti	ol. unh	damaze	INTERVAL BETWEEN ONSET AND DEATH		
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	(by date; s	5 who he	fore EDC)	19 WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	Hour a.m. W		E OF INJURY (Home, farm ary, street, affice bldg , etc.)		(County) (State)		
	21. I certify that (I) (this haspital) att	ended the deceased from	1//1/,1	9 6 6 to 11/12, 1	9 <u>6 Z</u> , that (I) (we) last		
	saw the deceosed alive on	112 1965, and that	death accurred of	// SoleM, from couses and an	DATE/SIGNED /		
	D. S. Ullers	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. D	1/13/66		
	22c. PHYSICIAN'S NAME (Type)		ZZO. ADDKESS				
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)		
_	Buria Nov. 15, 1966	Mechanics (en	n <u>etery</u> 250 REC'D	Property Property	S SIGNATURE		
	alyer Funeral Home, Chin			1011	carles Judge		

hages I and 2 lus after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Tuneral 1 and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, hages should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 2 buys off Page 4 may be retained by the haspital ar attending physician.



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral pinolis 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY \$ = 0 MARYLAND b. CITY OR TOWN (if outside corporate ) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give searest town) .5 S Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF Middle DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 5. SEX OR RACE 7. MARRIED NEVER MARRIED lask birthday) physician and WIDOWED N DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired) ore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or/unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a). IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which [6] gave rise to immediate cause DUE TO (a), stating the undarlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 2Ds. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 1 2De. PLACE OF INJURY (Home, farm. 2Df. [City or town] factory, street, office bldg., stc.) Not While at work 19 at work 21. I certify that (I) (this hospital) attended the deceased from... from the causes and on the date stated above. saw the deceased alive and that death occurred at 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. death. Page . 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v BURIAL, CREMATION, 23b. REMOVAL (Specify) ÷ 28 5 L 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62

IS RESIDENCE ON A FARM? YES | NO

Yesi

IF UNDER 24 HRS.

PERFORMED?

NO

(State)

DATE

YES

19.00 that (I) (we) last

(County)

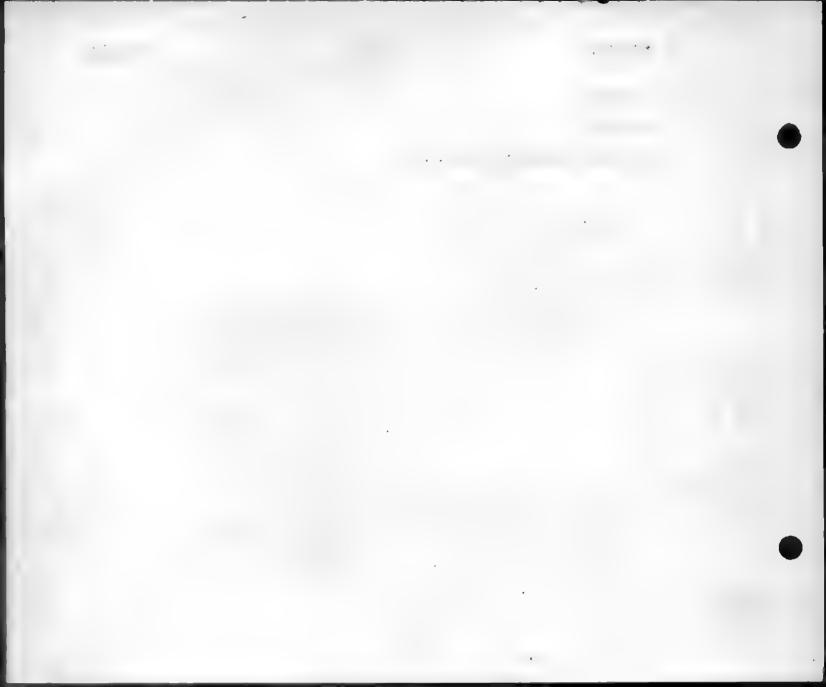
12. CITIZEN OF WHAT COUNTRY?

Months



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ŎF CERTIFICATE DEATH 16328 deoth; requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND von papers. Pages 1 within 72 hours ofter Wicomico b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c CITY OR TOWN At outside corporate limits, write RURAL and give nearest town c LENGTH OF STAY IN 16 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 10 ON A FARM? YES NO Peninsula General Hospital 3 NAME OF Middle Lost DATE Month Doy Year DECEASED vemb 196 and in ony event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years remove last birthdoy) Months Dovs Hours WIDOWED DIVORCED and 10a USLAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT (County & State, or foreign country) please COUNTRY during most of working life, even if retired) INDUSTRY attending physicion permit. Then please 13. FATHER S NAME 14. MOTHER S MAIDEN NAM or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. me (Yes, no, or unknown) (If yes g've wor or dotes of service) cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per like for (o), (b)/fond (c) the signed by the buriol-tronsit p buriol, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a) DUE TO stating the underlying couse affending as the hos been lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PAST Heolth p NO the hospital or this certificate 20o ACC DENT WAS UNDERLYING [ 205/DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While Stote ( ATTENDING ot work ot work O FUNERAL DIRECTOR: After ۵ þe 21. 1 certify that (1) (this hospital) attended the deceased from. 1960 plnous be retained 19 60 and that death accurred at & M, from couses and on the date stated above saw the deceased olive on director, poge 3 sho should be filed with 220. SIGNATURE DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS 22d. **ADDRESS** 22c PHYSICIAN'S Poge 4 may NAME (Type) 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) DATE DEC

20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16329 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission. PLACE OF DEATH o. COUNTY b. COUNTY Marvland Worcester Wicomico County MARYLAND b. CITY OR TOWN (If outside comporate Limits CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 9h days Salisbury, Md. Podozoke d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE d STREET ADDRESS ON A FARM? 202 Walnut St. NO X Deer's Head State Hospital Middle 4 DATE Manth 3 NAME OF Year DECEASED OF DEATH 1966 November Stevenson (Type or print) Myrna. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \_last\_birthday) Doys Hours White WIDOWED TO Female DIVORCED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done RIHPLACE (County & State, or foreign country)
COILLO COUNTY TOP KIND OF BUSINESS OR during most of working life even if retired)
HOUSEWIIE COUNTRY? IND. ISTRY Maryland
14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ira T. Stevenson Lilly M. Townsend IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Clifton S. Dennis, Marlbury, Maryland none INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolus IMMEDIATE CAUSE (a) ... 200020 Cerebral thrombosis L months Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES X NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur a.m. Nat While factory, street, affice bldg, etc.) of work at work 21. I certify that (this hospital) attended the deceased from August 11, 1966, to November 19, 1966, that (b) (we) lost saw the deceased alive an Nov. 19 19 66, and that death accurred at 8:100 M, from causes and an the date stated above

**ATTENDING** 

PHYS 22d. ADDRESS

M.D

23c. NAME OF CEMETERY BRXCHIMTERX

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ician and completely filled in by the funeral lease remove carbon papers. Pages I and Tand in any event, within 72 hours after death burial, cremation, or remayal, attending phy permit. Then permit. signed by the burial-transit p Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the be detached for use as the State Dept. af Health prior to director, page 3 should should be filed with the VR A15 (4)

24. FUNERAL DIRECTOR

22a. SIGNATURE

22c PHYSICIAN'S

BURIAL, CREMATION,

BUTTAL (Specify)

NAME (Type)

23b DATE THEREOF

Dr. L. V. Maldve

11-22-1966

Pocomoke.

Bethany Methodist Pocomoke

MED. DIRECTOR

(County) Worcester

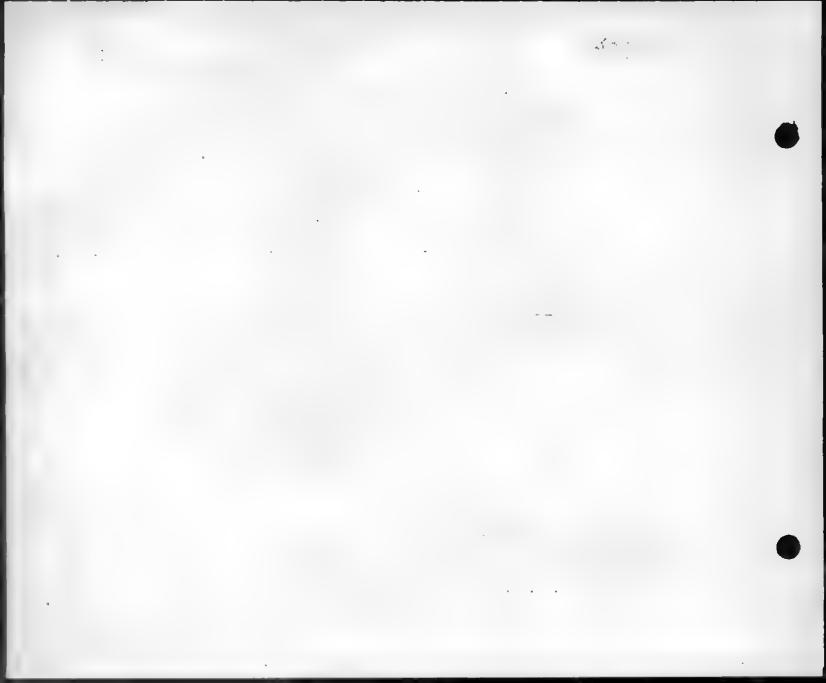
11/21/66

22b. DATE SIGNED

Deer's Head State Hospital : Salisbury

PHYS.

23d LOCATION (City or Town)

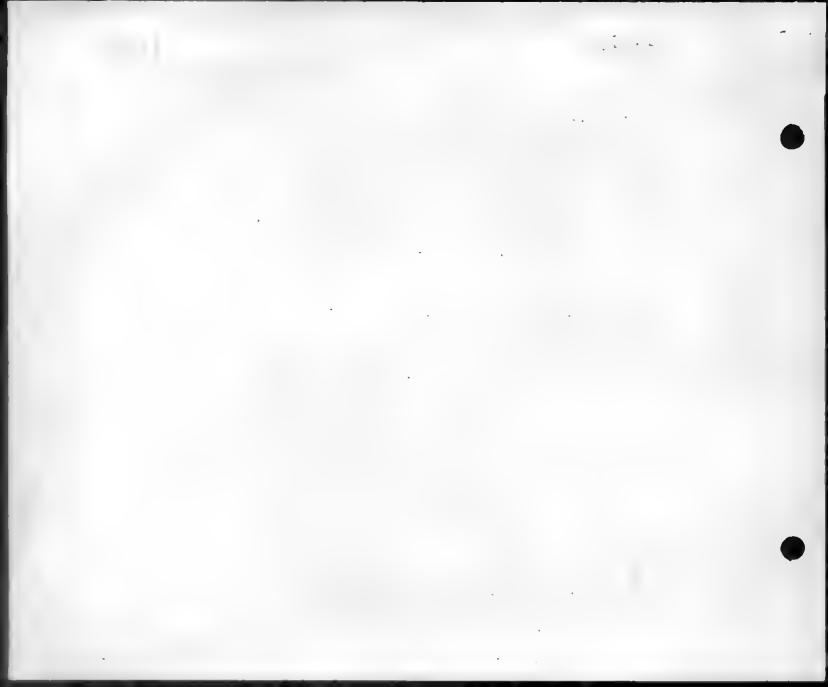


M) 16330

#### CERTIFICATE OF DEATH

16329

death	臣	7	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Resident	ce before admission)
requires that the deoth certificate be executed within 24 hours after death g physician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please, remove earboth-gapers. Pages I and	e G		G COUNTY MARYLAND	a. STATE b COUNTY	ester
aft the iges	5		b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest town)
by Po	PO		write RURAL and give nearest town) Salisbury	Snow will (was)	
in and	Z 2	. [	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitor, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
n 2 fled gap	<u></u>		Peninsula General Hospital	Route #4	YES NO
# 3/6	<u> </u>	3	NAME OF DECEASED TO L A First Middle	Last 4 DATE Month	Doy Year
P = P	- I	/ <u> </u>	(Type or print) TO DEP GRAY	DENNIS DEATH NOVEMBER	7 19 CG
omp	9	2	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	tast huthday) Months I	Days Hours Min
exe emo	any	1	MALE WHITE WIDOWED DIVORCED	February 23,191) 6 ys 8	TZEN OF WHAT
9 Jo	2	dı	a USUAL OCCUPATION (Give kind at work dane ring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	(0)	UNTRY?
cate icia deo:	9	S	ulervicer (St.t) Leit.) Forester	Powellville, maryland US	Mr.
riffi Shys	No.				
equires that the death certificate be executed within 24 hours after physician. signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remove edition against Pages 1	e m		Robert A. Dennis was deceased ever in u.s. armed forces?   I i 6 Social Security NO   17	Eana Paiker INFORMANT Address	
endi mit.	0	Ċ	WAS DECEASED EVER IN U.S. ARMED FORCES?  Jos., na., ar unknown.) (If yes give war ar dates of service)  218-03-3034	Ars. marsie S. Lennis (wife)	
ath per	ion,	F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	Route #4, Salistry, Laryland	I INTERVAL BETWEEN
the the	mat		PART I. DEATH WAS CAUSED BY.		ONSET AND DEATH
in y pi	E CLE		IMMEDIATE CAUSE (a)		
ysic ned ned	<u> </u>			1	
requestion signatures of the properties of the p			conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  (c) Bulling Council Co	0	441
iding seer the	io i		last. (c) Brindwyenie	a. suspiles	14 mio-
tten tten os (	of Health prior to	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
AN: The	<b>∄</b> 0	SATIS			YES NO
G PHYSICIAN: The the hospitol or after this certificate hos detached for use a	E He	CEDTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port I or Part II of item 18.)	
		5	(IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A		
the hospi this certi	Stote Dept.	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL. Haur a.m. White Not White for	ACE OF INJURY (Home, form, 20f. (City or town) (Contrary, street, office bldg, etc.)	unty) (State)
by the ffer the detail	ote	12	p.m. '   arwark 🗀 arwork 🗀		4.6
A Par			21. I certify that (I) (this haspital) attended the deceased from	of death occurred of 4 M, from couses and on the	that (I) (we) lost
ATTER etaine CTOR: shoul	£		sow the deceased olive on 11 - 7 1966, and the		ATE SIGNED
OR ATTER be retaine DIRECTOR: ge 3 should	ed with the	-{	& Averal Fitewall M		7-66
TAL OI nay be AL DIR poge	<del></del>		22c PHYSICIANS	22d ADDRESS	
O HOSPITA Poge 4 may D FUNERAL director, po	å ,		NAME (Type) Dr. Joseph C. Finzgerald	Medical Center, Solishe	vy, Md.
IOSI UNK ecto	듥	2	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING Poge 4 may be retained by TO FUNERAL DIRECTOR: After director, poge 3 should be	<u> </u>		Eurial Nov. 10.1966 dicomico Lem	orial tark S.lispary, am l.	na
VR A15 i	You		4. FUNERAL DIRECTOR ADDRESS	256 REGISTRAR 256 REGISTRAR'S S	
20 M 1/	66	V_	HOLLOWAY & COMPANY, SALISHURY, MARYLAN	DATENOY 1 0 1966 Polismy	la Juda

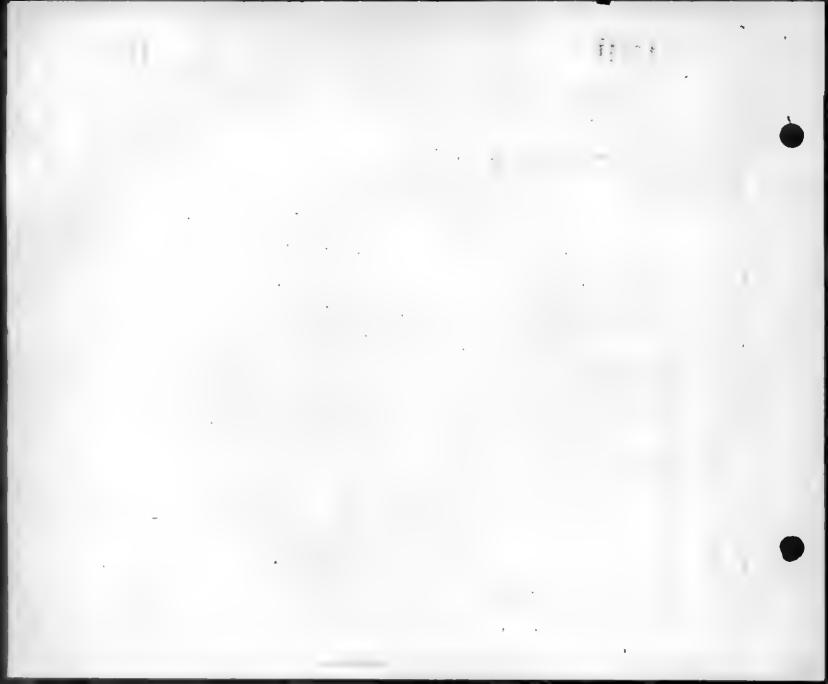


	16331		CERTIFICATE	OF DEATH		16330			
1.	PLACE OF OEATH			2. USUAL RESIDENCE (	Where deceased lived, if institut	on Residence before admission)			
	o. COUNTY Wicomico			o. STATE	b. COUI	YTY			
	MICOUICO		MARYLAND	Maryla	ing	Wicomico			
	<ul> <li>CITY OR TOWN (If autside co write RURAL and give neare</li> </ul>	orparate limits,	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If or	utside carporote limits, write RUI	RAL and give nearest tawn)			
	Salisbury	ist town)		Salish	ourv	27 /			
	d NAME OF HOSPITAL OR INSTI	TUTION (If not in hosp	rto! give street address)	d STREET AODRESS	<i>y</i>	e IS RESIDENCE			
	Peninsula			115 Wa	alnut Street	ON A FARM? YES NO 3			
	NAME OF	First	Middte	Last	4 DATE Mont	th Doy Year			
	OECEASED (Type or print)	mes	LITTLETON X	shaicon	DEATH novem	her 22 1966			
_	SEX SCOLOR			B DATE OF BIRTH	9 AGE ( n years	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
-	1 1 1/				last birthday)	Months Doys Hours Min			
1	Male Whi:			April 24,		6 28			
pur	USUAL OCCUPATION (G ve kind ing most of working life, even if a	retiredì	DE KIND OF BUSINESS OR INDUSTRY	,	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
<u> </u>	etired) Dist.	manager   m	over ∝ Light Co.	14 MOTHER'S MAIDEN	County, B. ryla	ng USA			
	Woodland C. D:	isharoon		Emma F.	Furner				
	WAS DECEASED EVER IN U.S. ARI			NFORMANT	Addr	955			
{Te	s, na orunkrown) (if yes give Yes ഴില	wor ar dates at service) r I			P. Disharoon	bq			
				U.S. Walnut	Street, Salish	INTERVAL BETWEEN			
	18. CAUSE OF OEATH (Enter PART I DEATH WAS CAU	only one couse per iin	e for (o), (b), and (c) )	( 1) .	1	ONSET AND DEATH			
	IMME	EDIATE CAUSE (a)	Corenary 41	sometime.	7				
	4201	DUE TO	/						
	Conditions, if any, which gav								
	rise to immediate couse (o), Disc to								
	stating the underlying cause								
		) (c)				Lio War suropey			
3	PART II OTHER SIGNIFICANT C	CONTRIBUTIONS CONTRIBUTIONS	ING TO DEATH BUT NOT RELATED TO	. L		19. WAS AUTOPSY PERFORMEO?			
CERTIFICATION	Caramone	2 Coton	- Generaliza	Carcino	ne freeze	YES NO			
崖	200 ACC DENT WAS UNDERLYIN	IG □ 20	5 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18.)				
	OR CONTRIBUTING CAUSE OF CAUSE			N/A					
	20c. TIME OF INJURY Month,		Od INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farr	n, 20f (City or town)	(County) (State)			
MEDICAL	Hour a.m.	1		ory, street, affice bldg , etc.		(coonly) (siole)			
2	p.m		t work 🔲 at wark 🔲		·				
	21. I certify that (I	) (this hospital) a	ttended the deceased fram_		19 JE, to 11-22	, 19 <u>&amp; 4</u> , that (I) (we) las			
	saw the deceased o			t death accurred at	1225 M, fram causes	and an the date stated above			
	22g SIGNATURE		0		- /7	22b. DATE SIGNED			
	4	6-19	hister M.	ATTENDING ATTENDING	DIRECTOR PHYS.	Nov. 22/1966			
	OR DUVERTANCE	eep cr	1 warrey III.	22d. ADDRESS	DIRECTOR LA PRITS. L.	1 1/04 - 11400			
	22c. PHYSICIAN'S NAME (Type)	· 1/ L	Tuck	. /	channe MA	can f			
	The A	1.11 11.	J. JIVIET	Nali		4-:			
23 a		23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	wn) (County) (State)			
	REMOVAL(Specify)	Nov. 25.19	66 Parsons Cemet	t o mr		y, maryland			
24	FUNERAL DIRECTOR	1000 27073	AODRESS	2Sp. REC		GISTRAR'S SIGNATURE			
"		AP VIACEMO	LISBURY, MARYLA.	HOLL		carles Judge			
	TIGHTICHERT OF DI	OTHER PLEVE & BOZK	THE PURIOR OF THE PROPERTY AND A PROPERTY OF THE PROPERTY OF T	DATE	N U 1000 1	1 1			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bit siden and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-trans. I permit. The release remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremat. an, or remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

y

VR A15 [4] 20 M 1/66



IIM3. Poge 2, oud 3 to

in pentil in Item 18 Give Roges 1,

This certificate shamld be emecuted within 24 hours after demth. If

pending

delay is

and 2 with the Stote Department of event within 72 hours after deoth.

5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File ruser Health or its designated agent, prior to burial, cremation, or removal, and a gast

the funeral director Page 4 slipsild lie forwarded to the Chief Medical Examiners Office along with form necessory, please execute the certificate, writing the word CALL THE MERIT ER: TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16332

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16331

1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before admission) /
o. COUNTY Wicomico MARYLAND	o. STATE b COUNTY Son	merset
b ( TY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	CTY OR TOWN (I outside corporate limits, write RURAL and give	
write RURAL and give nearest town)	Princess Anne	19.2.
d NAME OF HOSPITAL OR NSTITUTION (If not in hospito, give street address)	d STREET ADDRESS	e S RES DENCE
Peninsula General Hospital		ON A FARM? YES NO
3 NAME OF First Middle DECEASED	Lost 4. DATE Month OF	Doy Year
(Type or print) ELLZABETH MAY DOUG	GHERTY DEATH 11-21-6	
	8 DATE OF BIRTH 9 AGE (In years FUNDER)	YEAR IF UNDER 24 HRS Days Hours M.p.
F W WIDOWED DIVORCED	5-1-1886   lost birthday)   Months	3413
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  100 KIND OF BUSINESS OR INDUSTRY	1	IZEN OF WHAT
NONE	PRINCESS ANNE, MD. U.	INTRY?
13 FATHERS NAME	14. MOTHER'S MAIDEN NAME	
George Albert Dougherty	Emma Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)	Edna Muir, Princess Anne, Md.	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY  HAD 2 - 2   MMMED, ATE CAUSE (o)   Myocardial degeneration of the control of the co	eration	ONSET AND DEATH
Conditions, if any, which gove (b) (b)		
stoting the underlying couse DUE TO		
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
Fracture of left hip.		YES NO
Fracture of left hip.  200 EXTERNA. CALSE WAS PRIMARY I OF CONTRIBUTING IN CAUSE OF DEATH  CAUSE OF DEATH  Fall at home	(Enter nature of inury in Port I or Port II of item 1B)	
	Э.	
20c TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (Cou	nty) (State)
10:30 /ph/ 10-1266   While   Not While   Other   Other   Other   Other	ktory, street, office bldg, etc.) Princess Anne, So	merset, Md.
21. I certify that I taak charge of the remains described above, h		ond in my opin an
	icide   Homicide   Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMMER'S Earl L. Royer, M.D.	DEDITY MEDICAL EVANDAGE TO	. 26 1066
NAME (Type) 409 Camden Ave., Salisbury, Md.	Address (Street, city, town, or county)	r 26, 1966
230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(ounty) (State)
BUMMEN (AT.ANDREW	CEMETERY PRINCESS ANNE,	MD.
24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR S SI	
Levin Wilson, Princess Anne, Md.	DATE NOV 23 1966 20la	Alen Justan

VR A15ME (5) 6M 1/66

/ /!!

Division of STATISTICA	L RESEARCH AND RECORDS, 301	W. PRESTON STREET, BA	LTIMORE, MARYLAI	ND 21201			
16333	CERTIFICATE	OF DEATH		16332			
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where de			odmission)		
Wicomico	MARYLAND	o. SIATE Maryland	3 b. COUNTY	Somerse	t /		
b. CITY OR TOWN (If outside corporate limits.	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL	, and give neorest t	town)		
write RURAL and give nearest town) Salisbury	5 days	Marion S	Station	1			
d NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS   e IS RESIDENCE					
Peninsula General		Rural		YE	ON A FARM?		
3 NAME OF DECEASED (Type or print) Milded	Melya 3	RY den DE	ATH Novembe		Year 1966		
- 1 · ·		n bate of birth an. 18, 1918		FUNDER TYEAR TE	Hours Min.		
10o USUAL OCCUPATION (Give kind of work done	TOB KIND OF BUSINESS OR	1) BIRTHPLACE (County & State,		12 C TIZEN OF V	WHAT		
during most of working life, even if retired)	INDUSTRY	Maryland	, ,	COUNTRY?			
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Gordon T. Butler		Arintha Parke	er				
IS WAS DECEASED EVER IN U.S ARMED FORCES?		NFORMANT	Address				
(Yes, no, or unknown) (If yes give war or dotes of serv NO None	220-26-7873 Mrs	. Francis Merri	tt, Girdlet	ree, Md.			
1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c)).	vilure		ONSE	VAL BETWEEN LAND DEATH		
/ 70 X DUE TO Conditions, if any, which gove 1	Manual No.				· W		
rise to immediate couse (a)	MA POUR C IN	Con All			A		
stoting the underlying couse lost.  DUE TO	Carcination	a & Breo		4	ges.		
PART II OTHER SIGNIFICANT CONDITIONS CONTR		HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)		VAI AUTOPSY ERFORMED?		
₩ N 0-7	~ ·			YES			
20c. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)						
p.m.	While Not While factor	ry, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)		
21. 1 certify that (I) (this hospital	) attended the deceased fram	10/26,1966			t (I) (we)las		
saw the deceased alive an	11/1 19 66, and that	death accurred at 12	2 M, fram causes an	nd an the date	stated abave		

saw the deceased alive an 220, SIGNATURE

ATTENDING PHYS 22d. ADDRESS MED DIRECTOR STAFF PHYS.

Salisbury

PMYS(CIAN S NAME (Type) Peter 230 BURIAL, CREMATION
Burial (Specify)

DATE THEREOF 1966 4,

MacMurray

S.

23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery ADDRESS

23d LOCATION (City or Town) Marion Station,

(County) (Stote)

TO FUNIRAL DIMECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. It should be filed with the State Dept. af Health priar to burial, cremation, ar refu 24. FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

physician and completely filled in by the funeral on please remove carbon papers. Pages I and ever and in any event, within 72 haurs after death

Bradshaw & Sons, Crisfield, Md.

2So REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

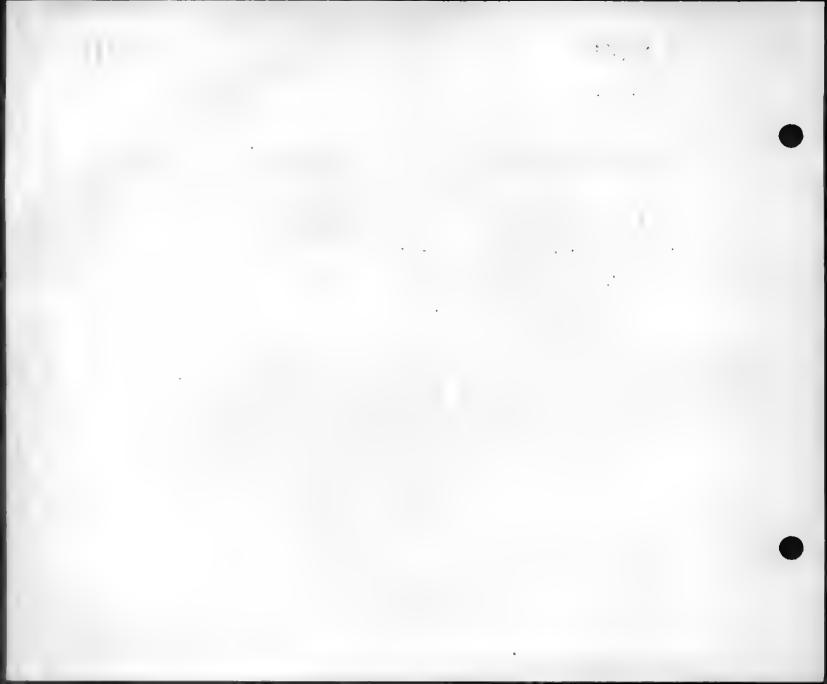
	163	34		CERTIFICA	TE (	OF DEATH		1	6333		•
	PLACE OF DEATH				2	USUAL RESIDENCE (	Where deceased liv			fore admis	ssan)
	d. LOUNIT Wie	comico		MARYLAND		a STATE Marylan	d	b. COUNT	comico		
		(If autside corparate limit id give nearest tawn)	5,	c. LENGTH OF STAY IN 16	(	CITY OR TOWN (If or	ıtsıde carparate lim	its, write RURA	L and give nea	rest town)	
		Salisbury		2 Wks.		Salisbu	rv		4	A I	
		,		pital, give street address)	d	STREET ADDRESS				8. IS RE	SIDENCE FARM?
	Penins	ıla General	Hos	pital		402 Hus	ton Ter.			YES [	NO 🔼
	NAME OF DECEASED (Type or print)	EBENEZ.	rst EIR.	Middle WASHINGTON	1	Last OYKES	4. DATE OF DEATH	Month 7.1:	25	•	Year 9 66
	SEX	6 COLOR OR RACE	7, MAR		_	a the second side.	894 9. AGE	(In years	F UNDER 1 YEA	R IF UND	DER 24 HRS.
	Male	White	WIDO		3/	28/1966	72	b rthday) yrs	Manths Day	s Haur	s Min
10a dur	USUAL OCCUPAT O ing mast af working Chauffe	N (Give kind of work dane plife, even if retired)		ob kind of Business or Industry Retired		BIRTHPLACE (County  Maryland		cauntry)	12 CITIZEN COUNTR U.S	OF WHAT	
13.	FATHER S NAME				14	. MOTHER'S MAIDEN					
	Stansbu	y W. Dykes				Elvina B	rown				
		ER IN U.S. ARMED FORCES?			7 INFO	RMANT		Address	5		
(1e	W.W. I	(If yes give war or dates	St zalaice	213-03-3191	liss	Lena R.	Dykes, S	ec. 2			
		te couse (a),	(a) 10 (b)	Aspiration	me		erroni Hype u	4s udete	n mente		DEATH
CATION	PART II OTHER S	IGNIFICANT CONDITIONS		TING TO DEATH BUT NOT RELATED 1						PERFOR	NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	2	OB DESCRIBE HOW INJURY OCCURRI	D. (Ent	er nature of injury in	Port   or Part II al	item 18)			
MEDICA	Haur a.	URY Manth, Day, Year m. m. 19				F INJURY (Hame, fam street, affice bldg , etc.		ar tawn)	(Caunty)		(State)
		<mark>ify</mark> that (I) (t <del>his he</del> leceased alive an_	pital) o	attended the deceased fram	/Y hat d	eath accurred at	19 <u>66</u> , ta / 5:25PM, fro	Im causes a	57, 19 <i>64</i> ind an the d	that (I) ate stat	(ave) las
	22a. SIGNATURE	tiones	0.	Hill In.	M.D.	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	22b DATE SO	GNED /	6
	22c. PHYSICIAN' NAME (Type		95	C. HIZL, JR.	MI	PINE B	luff 1	22, 5,	ALISBU	RY	Md,
230	BURIAL, CREMATI REMOVAL (Specif		EREOF	23c. NAME OF CEMETERY (	OR CRE	MATORY	23d. LOCATIO	N (City or Tow	n) (Cau	nty)	(State)
	Buria	11-28	-196		eter	Ty	Salis		rylan		
24	Hill Fi	or uneral Home	Sal	isbury, Maryland		2Sa. REC'	D BY REGISTRAR	255. REG	ISTRAR'S SIGNA		tel.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate **(1)** executed within 24 haurs **(1)** firer death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by sician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. When lease remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

CV

	16335		CERTIFICATE	OF DEATH		16334
	1 PLACE OF DEATH				re deceased aved, if institution	
	Wicomico		MARYLAND	· O. STATE WILE	MICO B COUNTY	COMILO
	b (ITY OR TOWN (If autside	carparate limits,	c. LENGTH OF STAY IN 16		le corporate limits, write RURAL	
	write RURAL and give ned Salisbury	rest tawn)	2 WKs.	SALIST	URY	19 Jan 12
	d, NAME OF HOSP TAL OR IN	TITUTION (If not in hospita,	give street oddress)	d STREET ADDRESS	4	e IS RESIDENCE ON A FARM?
50	Peninsula	General Ho	spital	RIA WAK		YES NO P
	3 NAME OF DECEASED (Type or point) Hail	chd First	VORRIS E.C.	Lestons		Doy Year 19 6 6
	S SEX 6. (OLO	R OR RACE 7. MARRIED	METER INSARIES	B DATE OF BIRTH		Manths Doys Hours Min.
	MALE WI	VILE MIDOWED		114/1895	yrs,	
	10a USUAL OCCUPATION (Give kin during mast of warking life, even Ref. FRE 19 h 5	d of work done 106   Hetired) ASSENGEN AGEN	RAILROAD	11 BIRTHPLACE (County & S	tote, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
	13 FATHER'S NAMED  (HARLES	ECCLES	Tan	MATIL O	12 . 1	
	15 WAS DECEASED EVER IN L.S. A	RMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Address	
	(Yes, no or unknown) (If yes giv	e war ar dotes of service)	09-8-3380 M	RS. HAROLD 1	V. Eccleston	Sr.
	PART J. DEATH WAS C			4. 2 =	lure	INTERVAL BETWEEN ONSET AND DEATH
	, M.	MEDIATE CAUSE (a)	Longes	7102 10	VI VI C	
	Conditions, if any, which go		letastat	or Ca	Prosta	e Zyclos
	stating the underlying co- last		atholegic	fx fo	mur	2 wis.
6	PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 18.)	
	20x. TIME OF INJURY Mont	h, Day, Year 20d Whil 19 of wo	e Not While I fact	CE OF INJURY (Home, form, ory, street, affice bldg , etc.)	20f (City or town)	(County) (Stote)
	21. I certify that	(I) (this haspital) atte	nded the deceased fram_			6, 19 <u>60,</u> that (1) (we) last
		olive on Nov.	19	t death accurred at A	M, from causes ar	id on the date stated above.
	22c SIGNATURE	Deopse	miles MI		D. STAFF PHYS.	22b. DATE SIGNED 16 6
/	22c. PHÝSIČIAN'S NAME (Type)	D. STE	PHANIDES	22d. ADDRESS	DAVIS ST	SALO MD
	23a BURJAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF	PARSONS CO	METERY	SALISBURY	J. MARYLAND
	24. FUNERAL DIRECTOR		ADDRESS	10 OFCO	Y REGISTANGE PROPERTY	STRAR'S SIGNATURE
10	Hill Funer	AL HOME	SALISBURY, N		1 1300	The Judge.

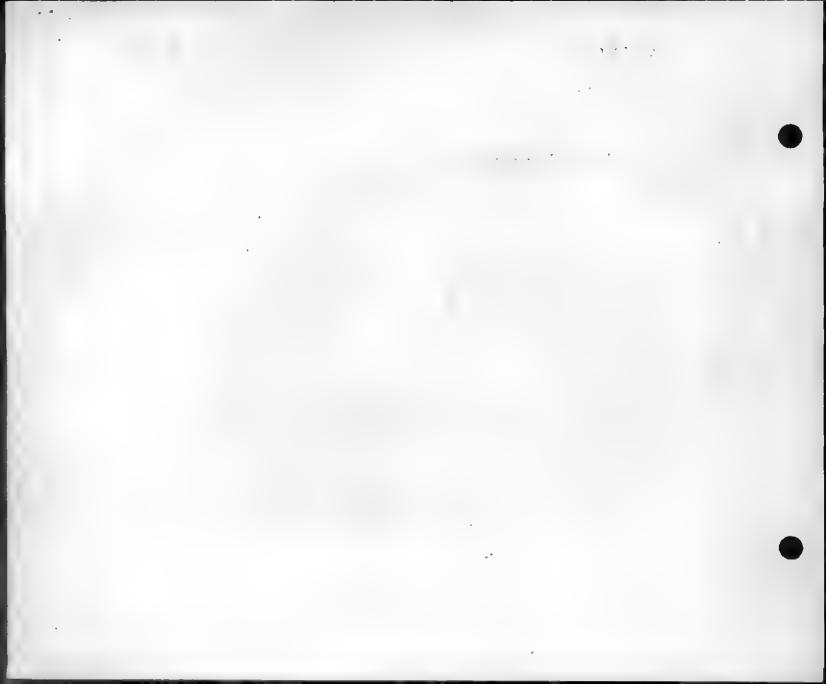
TO FUNERAL DIRECTOR: After this certificate has been signed by the allending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then also remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. IN HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Le emecuted within 24 hours after death. Page 4 may be retained by the hospital ar attending physician



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16336 CERTIFICATE	OF DEATH	16335	
	PLACE OF DEATH O COUNTY WICOMICO MARYLAND	o. STATE	(Where deceased lived, if institution: Resider b. COUNTY	nce befare admission)
	b CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Salisbury	c. CITY OR TOWN (F o	outside corparate limits, write RURAL and giv	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Peninsula General Hospital	d STREET ADDRESS	= 57	e IS RESIDENCE ON A FARM? YES NO S
	NAME OF DECEASED (Type or print) Gertrude HOLLOYUN)	Last B. DATE OF BIRTH	4. DATE Month OF DEATH   AUGIN DE 7 9. AGE (In years FUNDER ast burnday) Months I	Doy Year  19 (6)  1 YEAR   FUNDER 24 HRS
dur	SUAL OCCUPATION (G ve kind af work done ing most of working life, even if refired)  FACHER'S NAME    FACHER'S NAME   DIVORCED   DIVO		y & State or fareign country)  LL-VILLE MD	Days Hours Min. TIZEN OF WHAT JUNITRY?
75 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SQCIAL SECURITY NO.  17  17  17  17  17  17  17  17  17  1	LUC IN IT	NA MUMERED ORG	ANCITY ME
	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART F DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  OUE TO  (b)  The line is to immediate couse (o), stating the underlying cause lost.	monta C.V. Dis	Pean	INTERVA, BETWEEN ONSET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICA	Hour o.m. 19 While Not While of twark 12 Jat wark 21. 1 certify that (1) (this haspital) attended the deceased fram_	t death accurred a	19 6, 1a /// 0 / 19 11 5 10 M, fram causes and an I	(State)  (C), that (I) (we) lose the date stated above STE SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR- REMOVAL (Specify) 11 13 6 EVER CRE  FUNERAL DIRECTOR  ADDRESS  ADDRESS	EN 250. REC	23d LOCATION (City or Town)  BERLIN  D BY REGISTRAR  25b REGISTRAR'S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and commetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then present remove carbon papers. Pages 7 and 3 should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours offer demonstrated. Page 4 may be retained by the hospital or attending physician

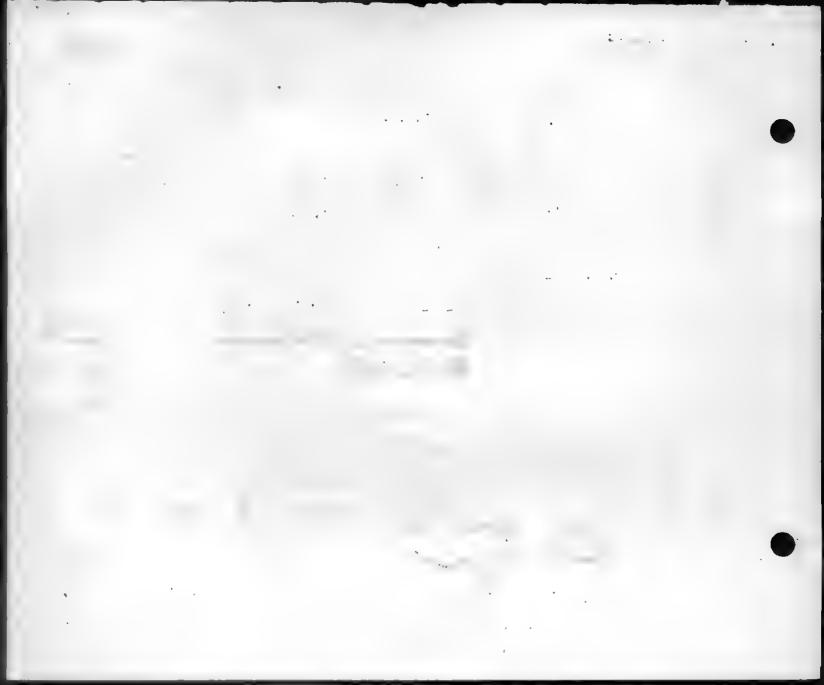


funeral mmecmted mithin 24 hours after death. the tes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit-permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the attending physician and completely filled in treemit. Then please remove carbon papers. THY ICEM The lam requires that the death certificate be or attending physician, N HOSPITAL OR ATTENDING PRIVILE IN PAGE 4 may be retained by the hospital THE HOSPITHE

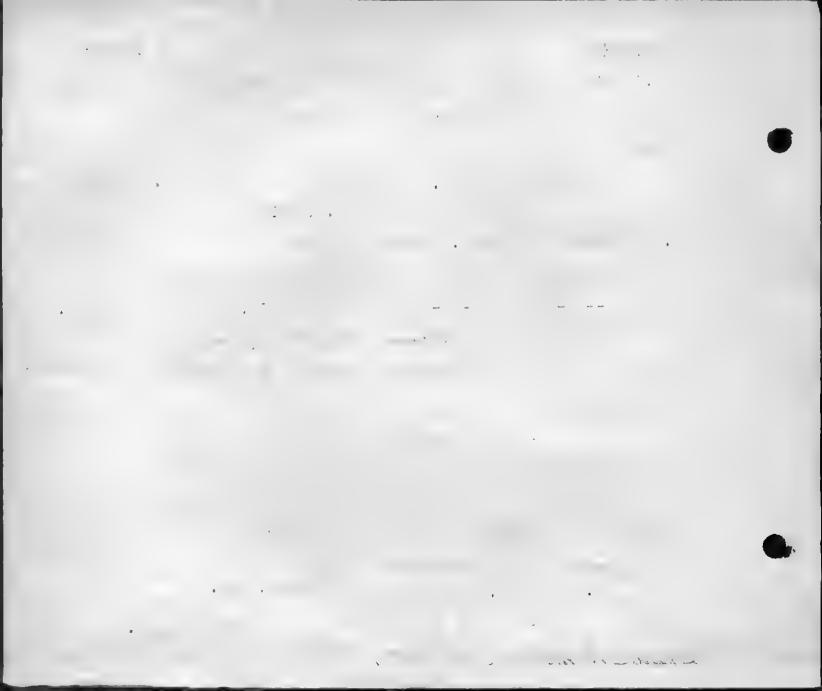
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	MAR'	YLAND STATE DE	PARTMENT OF	HEALTH	1		• • -
	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	s, 301 W. PRESTO! E OF DEATH	N STREET,	, BALTIMORI	1633	
	PLACE DF DEATH a. CDUNTY		2. USUAL RESIDENCE	E (Where decea	sed lived, If institu		
	Aicomico	MARYLAND		yland		Wicomi	.00
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (IF	outside corpo	rate limits, write	RURAL and giv	e nearest town)
	Salispury	D.C.A.	Sal	isbury		1 -24	/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			0.	IS RESIDENCE DN A FARM?
	Peninsula General	mosmital	705	Paylor	Street	Y	ES NO
3.	NAME OF FIRST DECEASED	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) IRVING	Ja.ES	ELLIOTT	DF DEATH	Nove.nb	er 28	19 66
5.	SEX   6. CDLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years   IF	UNDER I YEAR	
	white WIDOWED	DIVORCED	Aug. 4,1896		ast birthday) M	onths Days	Hours Min.
Oa Lur	a. USUAL OCCUPATION (Give kind of work done 10b. K ring most of working life, even if retired)	IND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co			12. CITIZEN C	
	File Driver (Retired) W.	arfing	Salisbur	y, many	land	05	
13.	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
	George A. Elliott		Ary Hast	inge			
15	5. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16.	SDCIAL SECURITY ND. 17.	INFORMANT		Address	``	
		7-10-2078	Mrs. hary A	Street.	ott (dife	) (V. 1)	y L. na
	18. CAUSE OF DEATH [Enter only one cause per ]	ige for (a), (b), and (c).]	0	<		INVER	TO BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oron	Ocelu	~		Unisi	
	Conditions, if any, which gave rise to Immediate	25c10				ye	~~_

DUE TD (a), stating the underlying cause last (c) CERTIFICATION PART II. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? 19. YES [ ND 5 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) II/AMEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Dd. INJURY DCCURRED 20f. (City or town) (County) (State) Hour a.m. While at work Not While at work p.m. 19 21. I certify that (f) (this hospital) attended the deceased from that (i) (we) last and that death occurred at 1:50M, from the causes and on the date stated above. saw the decessed alive or 22a. SIGNATUR DATE SIGNED 22b. ATTENDING PHYS. STAFF 6 M.D. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22€ 22d. **ADDRESS** BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23a. 23b. DATE THEREOF LOCATION (City, town or county) (State) ADDRESS burial w.c.mico Count 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. SallS\_JAL, MARY LOWER



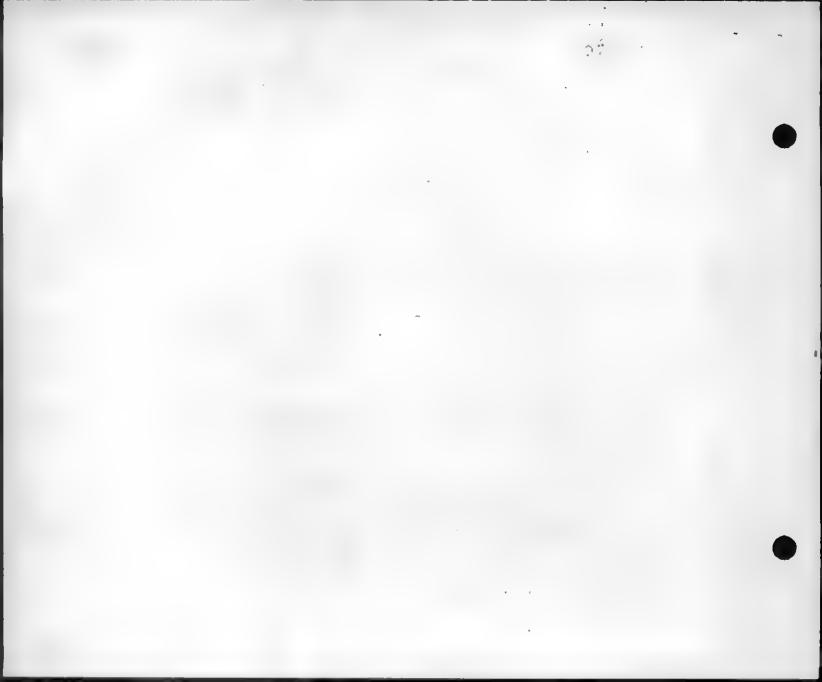
AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY icomico Maryland by the and 2 seed death. MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | mits, write RURAL and give nearest " wn) ģ write RURAL and give nearest town) Delmar Delmar 72 hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO Rt Rt papers. completei 3. NAME OF First Middle DATE DECEASED OF (Type or print) DEATH 1966 19 CLAIDE Nov.  $M_{\bullet}$ AGE (In years ; IF UNDER TYEAR 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. (ast birthday) pue Months Davs Hours WIDOWED F DIVORCED [ Jan.7 Male 10s. USJAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rt. Trainman Penn. Railroad Delmar. Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Ralph Ellis Amy Elizabeth Beach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yas, no, or unkown) | (If yes give war or dates of service) No Mildred Ellis, Rt Delmar Md. 220-12-0911 Ø 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1201 Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. certificate h PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? 8 0 NO prior 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item IB.) ò 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 19 6 9 to ....., 19....., that (I) (we) last Nov 10 19 6.6, and that death occurred at 1.4.6.7. from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22a. SIGNATURE 11-12-66 IGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. TO HOSPITAL death. Page 4 TO FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Delmar, Del. Ernest 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 후흡 Stephens Burial 10-14-66 Delmar. FUNEBAL DIRECTOR'S SHONATUR 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Charles 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16339 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and 2 deothy PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Wicomico Vicomico nd completely filled in by the fur emove carbon popers. Pages 1 any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 8 days Hebron Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Leer's Head State Hospital Main Street YES NO [ 3 NAME OF Middle 4 DATE Lost Manth Day Yeer remove corbon DECEASED OF DEATH November 19 66 (Type or print) Lester ELLIS Frank IF JNDER 1 YEAR IF UNDER 24 HRS. 9, AGE (in years 6. COLOR OR RACE B. DATE OF BIRTH S SEX 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED Jarch 19.1891 Male 12 CITIZEN OF WHAT 10a. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Carpenter (Retired Sussex County, Delaware USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Martin Ellis Nancy Ellen Phillips burial, cremation, or remov IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. Irma Owens Illis (ife) (Yes, na, ar unknown) (If yes give war ar dates at service) 216-07-6286 win Street. debron. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b). INTERVAL BETWEEN signed by the buriol-transit p I month PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) physicion. **DUE TO** 2 years Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retained by the haspital or attending os the prior to l 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hos use State Dept. of Health NO SO TO FUNERAL DIRECTOR: After this certificate 卓 20g. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. While factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) ottended the deceased fram October 31, 1966, to Nov. 8 . 1966, that (I) (we) last page 3 should be filed with the S saw the deceased alive on November 8 19 66, and that death occurred at 7: 30 AM, fram causes and on the date stated above 22b. DATE SIGNED 220/SIGNATURE STAFF PHYS. M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Deer's Head State Hospital Dr. A. C. Mitchell

director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) mebron, maryland hebron Cemetery Eurial 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLCHAY & COLLANY, SALISLURY, LARYLAND

Melianles



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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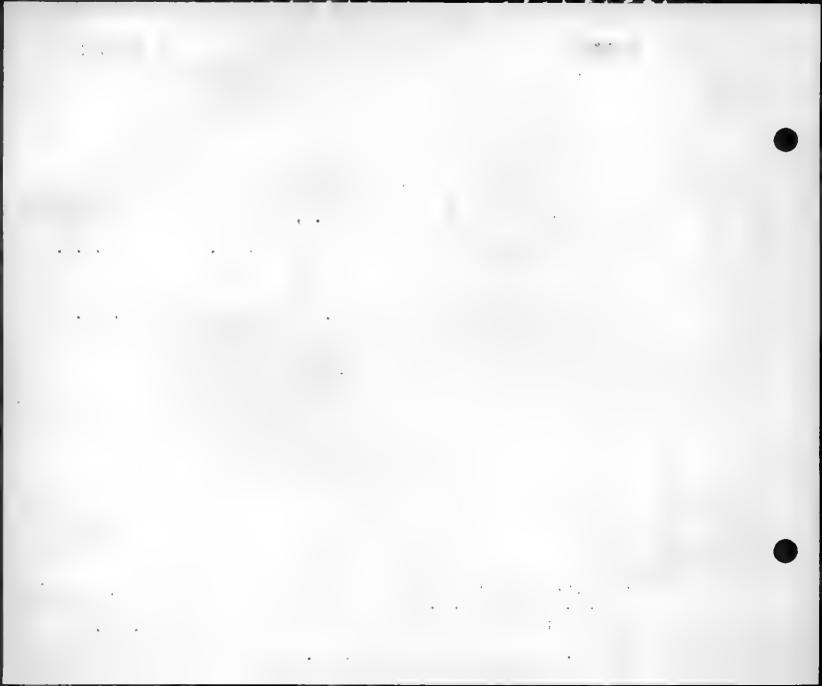
## CERTIFICATE OF DEATH

16339

'L		34 0 0 11									
Ī		PLACE OF DEATH					2 USUAL RESIDENCE (V		COUNTY		
	(	o. COUNTY	Wicomico		MARYLAI	VD	o. STATE Mary	land	COUNT	Somerse	t ~
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Į		Salisbur	give negrest town) y, Maryland		3mo. 24 d	ays		t		11:0	κ
	(		L OR INSTITUTION (if not i				d STREET ADDRESS			e IS R	ESIDENCE A FARM?
		Deer s	Head State	TOSD1	Car					YES	A FARM?
	Į	NAME OF DECEASED (Type or print)	Eldri	Ldge	Middle O •		Ford	4 DATE OF DEATH	Month Nov.	5/1 <sub>DOA</sub>	19 <sup>86</sup> 6
ı	5 5	SEX	6. COLOR OR RACE	, MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In y	ears IF UNDER	R I YEAR IF UN Doys Hou	IDER 24 HRS
		Male	White	WIDOWED	DIVORCED	F	EB.1,1900	66 birth	1.41		
			(Give kind of work done		ND OF BUSINESS OR DUSTRY		, ,	& State, or foreign country		TIZEN OF WHAT	
	GD+	RETI	ked Watern	AN	7031K)		RUMBLEY	-		OUNTEY? A.	
	13.	FATHER S NAME					14. MOTHER'S MAIDEN N				
			HER FORD				LUCY DI	ZE			
	15 (Ye	WAS DECEASED EVE ( no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of s		SOCIAL SECURITY NO.		NFORMANT		Address	2.420	
	_					MR	S. RUTH W	HITE SALI	SROKA,		
		18 CAUSE OF DE PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY	per line for	(a), (b), and (c))	Π1. ×	am basis			INTERVAL ONSET/AN	
	-	11001			e Coronary	TITI	((00272				
		Conditions, if ony,	which gove )	Cere	bral Thromb	osi	s w/right H	emplegia		5 mo	ntas
		rise to immediate	e couse (o),								
		stoting the under lost.	lying couse	Hype			iosclerotic				Yrs.
	NOIL	PART II OTHER SIG	GNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(0)	19 WAS A PERFO YES	AUTOPSY ORMED? NO [X]
	CERTIFICATION	20o. ACCIDENT WAS	UNDERLYING	205. DE	SCRIBE HOW INJURY OCCU	RRED. I	Enter nature of injury in	Port I or Port II of item	18.)	1.27	110 (20)
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				, , , , , , , , , , , , , , , , , , , ,		,		
	ਤ	20c TIME OF INJU	IRY Month, Day, Year	20d 1N			E OF INJURY (Home, form		own) (C	ounty)	(Stote)
	뮣	Haur o.n	10	While of work	Not While of work	focto	ory, street, office bldg , etc )				
		21. I certif	fy that (I) (this haspi	tal) attend	ed the deceased fro	ım	Aug. 1 ,1	9 66, ta Nov.	24 , 19	<u>66</u> , that (I	l) (we) last
			eceased alive an	Nov.	<u>21: 19 66, an</u>	d that	death accurred at	2:35 PM, fram co			ited abave.
		220 SIGNATURE	telum	مر	ST	M.I	ATTENDING PHYS.	MED. STAF		DATE SIGNED 11-25-6	6
1		22c. PHYSICIAN'S NAME (Type)		NCe	CECTT		Con Address	acott, M.D.	Salis	bury, M	1d.
	23n	BURIAL CREMATIC	N. H. L. Zig DATE FIRE	60, M	23c NAME OF CEMETE	RY OR I	CREMATORY	23d. LOCATION (Cit		(County)	(Stote)
		UREMOVAL (Specify)		1966	FAIRMOU		CEMETERY	FAIRMO		D.	, ,
1	_	. FUNERAL DIRECTO	R		ADDRESS		2So REC'D	BY REGISTRAR	Sb. REGISTRARS	SIGNATURE	
X		LEVIN	R. WILSON	PR:	INCESS AND	VE.	MD. DATE N	OV 2.9 1961	à galia	welly In	edge

N O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prostian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then dease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 9, Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

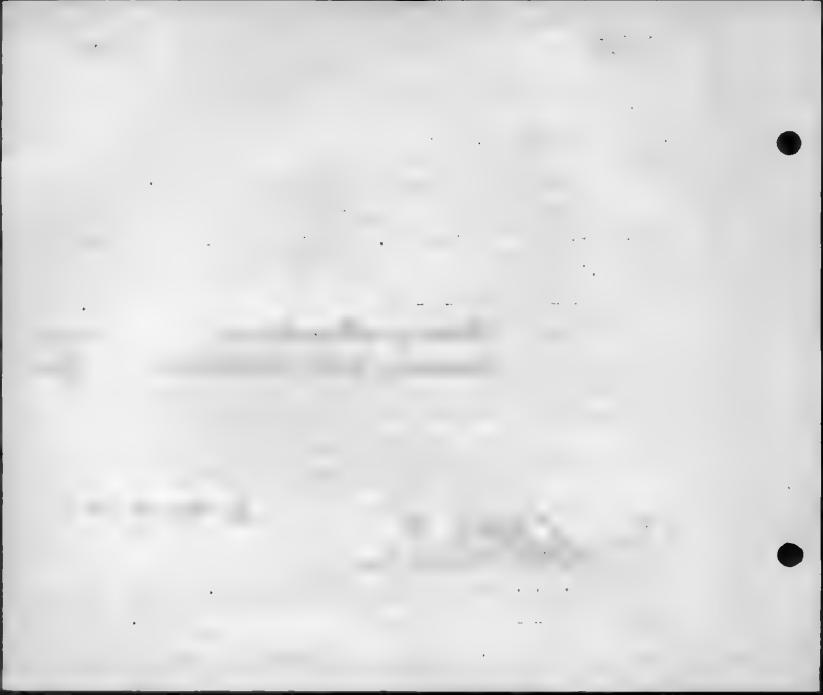


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if institution: Residence before edmission) Wicomico b. COUNTY by the and 2 death, Delaware Sussex MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) write RURAL and give nearest town) ET. Salisbury Delmar Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS IS RESIDENCE rs. Pag hours ON A FARM? Peninsula General Hospital YES NO completely paper n 72 3. NAME OF 4. DATE Middle Month Dey DECEASED OF DEATH (Type or print) 66 19 and cor carbon nt, withir MILES  $\mathtt{Nov}_{ullet}$ AGE (In years | IF UNDER ) YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Monthsi Days Male White WIDOWED [ DIVORCED [ remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Operator - Radio Dept. Salisbury. USA ding please .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Alonzo W.Foxwell Lola Messick Them T 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) permit. Louise Foxwell. Delmar. Del. 18. CAUSE OF DEATH [Enter only one cause per lin INTERVAL BETWEEN signed by ö ONSET AND DEATH PART I DEATH WAS CAUSED BY, cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** attending Conditions, if any, which (b) gave risa lo immediate ceusa DUF TO (a), steting the underlying the t ceuse lest. (c) certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 8 C CERTIFICATION PERFORMED? US8 prior NO 4 ত 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: After this is should be detached for a State Dept. of Health p 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. et work at work that (I) (we) last and that death occurred at 7.16 M, from the causes and on the date stated above. DIREC the deceased aliveron 22b. DATE 220 SIGNATURE ATTENDING MED. STAFF SIGNED FUNERAL rector, page , DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sohler Delmar. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) OFE REMOVAL (Specify)
Burial Delmar, Md. Hastings 725a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)

death

law requires that the

HOSPITAL



OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY hours a. STATE b. COUNTY by the 1 and 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? 24 d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) P .57 0 filled in Pages 1 within afte d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OUrs YES NO complately NAME OF Day First Middla DATE Month pape 722 DECEASED OF (Type or print) DEATH and con arbon a 196 5. SEX 9. AGE IIn years HE UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) Months Davs Hours event, WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Greatered of work done during most of working life, aven if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country) amy Storek attending pl 13. FATHER S NAME MOTHER'S MAIDEN NAME .드 and 16 SOCIAL SECURITY NO Then ARMED FORCES? Address removal, (Yes, noviorfunkown) | (Ifyesgive war ordates of sarvice) permit. 18. CAUSE OF DEATH |Enter only one cause INTERVAL BETWEEN þ ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY 2 Was IMMEDIATE CAUSE (a ss been signed burial-transit po DUE TO ending Conditions, if any, which gave rise to immadiate cause DUE TO (a), staling the underlying couse last the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 10 10 9 NO F YES | 950 prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Itam 18.) for OR CONTRIBUTING [7] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) defached ATTENDING MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, streat, office bldg., etc.) Whila Not White 6 Hour a.m. at work at work DIRECTOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from./.. MOL State D from the causes and on the date stated above. saw the deceased alive on. and that death occurred at лау 220 22Ь. DATE ATTENDING SIGNED m PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL with f Page ADDRESS 22c. PHYSICIAN NAME (Type) rector, I death. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 238. BURIAL, CREMATION, (Stata) REMOVAL [Spacify] O To 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25Ь. lanely VR A15 (4) % 20M 5-63



1	-	MARYLAND STATE DEPARTMENT OF HEALTH
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E 507		16343 CERTIFICATE OF DEATH 16342
death.	1	* ACUMITY
		a. COUNTY Lej: comico  MARYLAND  MARYLAND  B. COUNTY LI): Comico
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hours d in by rs. Pa		Delmar I all Lite Delmar Velaware
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icate b physici n pleas val, and	1	3. FATHER'S NAME JOINESTIC JOINTER'S MAIOEN NAME
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5 57 E	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
ne death certifica r the attending ph the permit Then I	1 0	Yes, no, or unknown) (If yes give war or dates of service) 214-32-1248/0 Step ( - add & # # 00 1)
de de per	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
the by t		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)  ONSET AND DEATH  Characa Persons  ONSET AND DEATH  UNDERTONS  ONSET AND DEATH
The law requires that the death certificate be executed within or attending physician, cate has been signed by the attending physician and completely r use as the burial transit permit. Then please remove carbon ealth prior to burial, cremation for the prior to burial, with the prior to burial.		DUE TO DUE TO
phys sign		cenditions, if any, which ) (1) Corongery (1) (1) (1) (1)
requir ding p been the bu	1.	gave rise to Immediate ( cause (a), stating the OUE TO
w re endies as b as t	_	underlying cause last. (c)
e la att e ha e ha se a	MOLE	
The	V PICA	YES NO D
ING PHYSICIAN: The law requires that the deat I by the hospital or attending physician. After this certificate has been signed by the after the detached for use as the burial-transit periors. State Dept. of Health prior to burial, cremation.	V	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)   OR CONTREIN OF THE MEDICAL EXAMINER   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
YSIC hos lis c lach lept.	- 1	
• → <u>_</u> – • •	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
ATTENDING P retained by t CTOR: After should be d ith the State	2	1149-13
aine OR: oou[a		21. I certify that (I) (this hospital) attended the deceased from 100 cd., 1960 to 100 cd., 1960 that (I) (we) last saw the deceased aliye on 100 cd. and that death occurred at 1960 to 1960 and the date stated above.
BCT SEL		22a. SIGNATURE   22b. DATE SIGNED
y be DIR DIR	- 1	M.O. ATTENOING OBECTOR PHYS.
ma ma		22c. Physiology NAME (type)
ove 4		J. METDETI DEMPIGINA GOLDEVILLY HE
TO HOSPITAL OR ATTENDING Page 4 may be retained by TD FUNERAL DIRECTOR: Afte director, page 3 should be should be filed with the Sta	2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 3	11-18-66 Union Thehodist Nelman Frid.  24. FUNERAL DIRECTOR () AOORESS   250. REC'O BY REGISTRAR, 250. REGISTRAR'S SIGNATURE
VR AI5 (4)	1/2	Lancita & Jalley RHA Jersey Rd. Salis DATE NOV 17 1966 garder Judge
20M 1/65	301-	The state of the s



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOREITAL BY ATTENDING PRESIDENT: The law requires that the death certificate be exacuted within 24 llours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16344 CERTIFICA	IE UF DEATH	16	343
1.	PLACE DF DEATH a. COUNTY		(Where deceased lived, If institution: I	Residence before admission)
	WICOMICO MARYLAND	a. STATE MARIJA	Nd b. COUNTY	coster
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		itside corporate limits, write RURAI	
	Library N Oll Fise	MARNE	la SDRings	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Three Miles from Sharptown	Ht #/		YES NO
3.	NAME DE FIRST PRINTING (CLARGE Education)		4. DATE Month OF DEATH	Day Year
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	(005/ee	19 ACE (In years HEUNDER	10 19 66
	M. NEGGO WIDOWED DIVORCED		last birthday) Months	Days Hours Min.
10a		1 11 BIRTHPLACE (Com	nty & State, or foreign country)   12. C	ITIZEN OF WHAT
dur	USUAL DCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	/11	C	OUNTRY?
13.	FATHER'S NAME	1 14. MOTHER'S MAIDEN	MICO I	U.3, M.
	1011: 615/0	1 2011	1-1. 11-01	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17	INFORMANT	F/UDDI4/C	
	s, no, or unknown) (If yes give war or dates of service) 216-09-4446	21 01 111	Juslee Hebron	Bry30
Ī	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Beach (L'Elexens A	Ellegano		ONSET AND DEATH
	DUE TO C		P	ć
Н	Conditions, if any, which \ (1) [ [ ] Leter & clet-	the Themat	Elesano	<u> </u>
П	gave rise to Immediate	0		210
	underlying cause last. (c)	ntes		4 day
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RE	LATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTÓPSY PERFORMED? YES ND P
ĮĘ.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of In	Jury in Part I or Part II of Item 18	N)
19	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL		LACE OF INJURY (Home, farm tory, street, office bidg., etc.	, 20f. (City or town) (Co	unty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	, sueer, anice diag., etc.	"	
	21. I certify that (I) (this hospital), attended the deceased from.	11/2- 19/	6 to/1/10 , 196	that (I) (we) last
	saw the deceased alive on 1966, and the	at death occurred at	M, from the causes and on i	
11	22a. SIGNATURE	ATTENDING ME	- 14	ATE SIGNED
		I.D. PHYS. 💆 DIF	RECTOR PHYS.	166
	22c. PHYSICIAN'S H S Ku/7/773 2 7	22d. ADDRESS	le ar latora	3-1
220		DY OD COCHATODY	23d, LECATION (City, town or co	unty) (State)
238	REMOVAL (Specify)	t-Lint	All A A A TI . 1000 or Go	(State)
24.	FUNERAL DIRECTOR ADDRESS	L 25a. REC'D	BY REGISTRAR   25b. REGISTRAR	'S SIGNATURE
	11 11 00 -1 1	o. me. NO	V 17 1966 Pla	.1. 0
4	The state of the s	DATE IN U	A 1 ( 1200 A 100	May wedge

VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16345	CERTIFICATE	OF DEATH	1	6344
	PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (V a. STATE Marylan	there deceased lived, if institut an b. COUNTY	Residence before admission)
	b (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury	c LENGTH OF STAY IN 16	COTY OR TOWN (IF our	tside corporate limits, write RURAL	20.2
	d NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street address)	d STREET ADDRESS		B IS RESIDENCE ON A FARM?
	Peninsula General		Rurel		YES NO [
3	NAME OF First DECEASED	Middle Victory	Last	DEATH NOVEM	Day Year Dec 28 1966
2	(Type or print) E / ME 7. MAF		DATE OF BIRTH		DER X8 1966 FUNDER 1 YEAR   IF UNDER 24 HRS.
3	10 0 / a   Warma		<b>6-</b> 28 <b>-1917</b>	ast birthday)	Months Days Hours Min
10d dut	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	IOD. KIND OF BUSINESS OR INDUSTRY	Dever, Dela	& State, or fareign country)  Walte	12 CITIZEN OF WHAT
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Warner Guy		Maggie De	brick	
15 (Y	WAS DECEASED EVER N U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war or dotes of service	16 SOCIAL SECURITY NO. 17 IN 212-16-2639 (F	iformant amily)	Address	
	18. CAUSE OF DEATH (Enter only one couse perfi PART I. DEATH WAS CAUSED BY.	ine for (a), (b), and (c).)	troch		INTERVAL BETWEEN ONSET AND DEATH
	420.1 IMMEDIATE CAUSE (a)		7. (	a. +	
	Canditians, if any, which gave (b)	TAOCHENIAL	THE NOT	45/1001	
	stating the underlying couse   DUE 10   lost. (c)	CORONATY	1hto a	~ biis	
MOIN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES 7 NO
L CERTIFICATION	20g ACCIDENT WAS ONDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in I	Port I or Port II of item 18.)	
MEDICAL	Haur o.m.		E OF INJURY (Hame, form ry, street, affice bldg , etc.)		(County) (State)
	21. I certify that (I) (this haspital) saw the deseased alive on	ottended the deceased from o	death occurred of	9 0 to A NOW 10 M, from couses or	
	220. STOWNATURE	I hay emo		MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED 11-30-1966
	22E PHYSICIAN'S NAME (Type) Town S	d D. WAINE	22d ADDRESS	nsuln Gen	eral thip: /4
234	BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town	
	2,000	Sandtewn Com	tery	Hillsbere M	eryland
24	FUNERAL DIRECTOR Herbert Dashiell, 426	ADDRESS		BI KEGIJIKAK 230. KEGI	STRAK S STORATORE
	TOT - OF DERMISETT, 420	Dever, Baster, Mr.	DATE OF	U 1010	1 . Ly ? where

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please emove carban papers. Pages, 1 and 2 shauld be filled with the State Dept. of Health priar ta burial, cremation, ar remaval, docing event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 [4] 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

J		16346	CERTIFICATE	OF DEATH		16345
		PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived, if institution	Residence before admission)
	(	Wicomico	MARYLAND	o. STATE Maryl	and b. COUNTY	Wicomico
	ŀ	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de corporate limits, write RURAL	and give nearest town)
		write RURAL and give neorest town)	11-17-66	Salis	bury	2a.1
	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
0		Peninsula General H	ospital	106 P	rince Street	YES NO 🔼
	į	NAME OF DECEASED (Type or print) DESSIE Em	na Middle Ha	mmond	OF DEATH NOVEM	BER 20 19 66
	S. F.	EMPLE WIDOWER  WIDOWER  SEX  OF COLOR OR RACE  OF MARRIER  WIDOWER  WIDOWER		uly 14, 1891		under 1 YEAR   IF UNDER 24 HRS on this Doys Hours Min.
	10o duri		KIND OF BUSINESS OR INDUSTRY	Snow Hill,		12 CIT ZEN OF WHAT
	13	FATHER S NAME		14 MOTHER'S MAIDEN NA	ME	
	Ĩ	Robert Townsend		Margaret B	utler	
	15 (Ye	WAS DECEASED EVER IN L. S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service)	6. SOCIAL SECURITY NO 17. II		Hammond (Dauch St. Salisbury	
		18. CAUSE OF DEATH (Enter only one couse per line f		. 4	,	INTERVAL BETWEEN
		PART ), DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ongestive Ca	irdiac Fo	ailure	ONSET AND DEATH
		420 1 DUE TO 00		- 1		
		Conditions, if any, which gave tise to immediate couse (a),	yocardial	In Carctio	)41	3 days
		stating the underlying couse to:	terrosclerot	ic Hear	+ Discose	
	~	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
("")	CATIO	Diabetes Melliti	5			YES NO X
	MEDICAL CERTIFICATION	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	rt   or Port    of item    18.)	
	MEDICA	Hour o.m. Whi		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this haspital) atte	ended the deceased from_A	VOV 17 , 19	66, to NOV 20	, 1966, that (I) (we) las
		saw the deceased alive an NOV	20 1966, and that	death accurred at	M, fram causes and	an the date stated above
		220. SIGNATURE KOMES. C.	Helf In MD	). PHYS.	IED. STAFF IRECTOR PHYS.	22b. DATE SIGNED // 20/66
,		22c PHYSICIAN'S NAME (Type) Dr. T.omas C.	1.11 Tal	22d. ADDRESS	Armen Athenau Tana A	, ,
		DI T. T. TOIRES V.			ury, Maryland	
	230	BUR AL CREMATION, REMOVAL (Specify) DUTIEL NOV. 22. 198	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	
	0.1		66 Parsons Cemet	erv	Salibur,	RARS SIGNATURE
1	24	. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALI	***************************************			harley Judge
35		The state of the s	THATACATET & TARRETTA	DATE IN O	1 40 1000 1	The Marie

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deatill TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their pitcue remove carban papers. Pages 1 and 5 should be filed with the State Dept. of Health prior to burial, cremation, or removal-and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)<sup>5</sup> 20 M 1/66

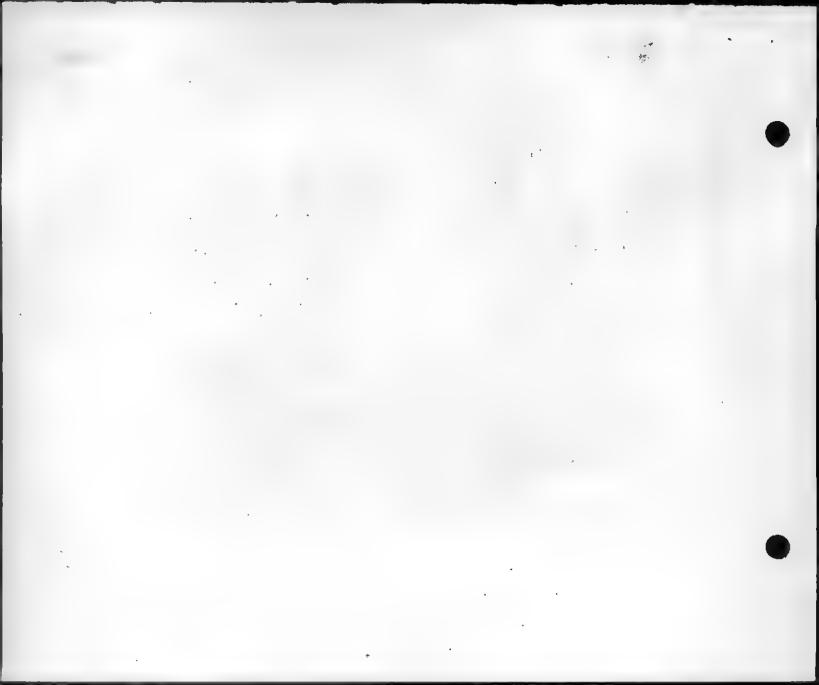


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral vidirector, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NESSITAL BRANTERBING BEYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may lie retained by the hospital or attending hysician.

	DIVISION OF STATISTICAL	RESEARCH AND RECOR	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
	16347	CERTIFICA	TE OF DEATH	16346
1.	PLACE OF DEATH			d lived, If institution: Residence before admission
	Wicomico	MARYLAN	a. STATE Maryland	b. county Wicomico
	b. CITY OR TOWN (if outside corporate lim	nits,   c. LENGTH OF STAY IN		ite ([mits, write RURAL and give nearest town)
	write RURAL and give nearest town) Salisbury		Salisbury	do ago
1	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street addre		e. IS RESIDENCE
-	Route #5. Juan		N	lantico Road   ON A FARM?
3.	NAME OF First DECEASED	Middle	Last 4. DATE	Month Day Year
_	(Type or print) ISAAC		HARRIS DEATH	November 20 19 66
5.	SEX 6. COLOR OR RACE 7. M	IARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS st birthday)   Months   Ogys   Hours   Min.
	Male White w	100WED 01VORCED	Feb. 12, 1882	yrs. 9 8 Hours Min.
10 du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or f	oreign country) 12. CITIZEN OF WHAT
(	Retired - Owner)	Woodvard	Wicomico County,	
13	FATHER'S NAME		14. MOTHER'S MAIGEN NAME	
	Benjamin F. Harris		Joe Ella Price	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	7 INFORMANT	Address
10	es, no, or unkown) (if yes give war or dates of servi	CE)	Mrs. Lena T. Harri	is (wife) o woad, Salistury, wid.
=	18. CAUSE OF DEATH [Enter only one cau	se per line for (a) (b) and (c) 1	TOUTE A), Samere	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	( br 14 72 aux	4 12 1/1/20	ONSET AND DEATH
		7	12 Callinon	
	Cenditions, If any, which	General	M. Mer anchini	h 1/12
	gave rise to immediate	- wound yer	instrus-uccepa	7 720.
	cause (a), stating the OUE TO	· ·		/
Z	underlying cause last. (c)	ONTO DUTINO TO OCATU DUTANOTI	PLATER TO THE TERM WHILE RIGHT CONTROL	ON CIVEN IN PART I(a) 119. WAS AUTOPSY
ATE	FART IS OTHER SIGNIFICANT CONDITIONS CO	ON IKIDO LING TO DEATH BUT NOT	ELATED TO THE TERMINAL DISEASE CONDITI	PERFORMED?
FIC				YES MO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CCURREO. (Enter nature of Injury In Part I	or Part II of Item 18.)
		N/a		
MEDICAL	20c. TIME OF INJURY Month, Oay, Year Hour a.m.		PLACE OF INJURY (Home, farm,   20f. (City actory, street, office bldg., etc.)	or town) (County) (State)
M	p.m. 19	While Not While at work	1/ / 6	1/
	21. I certify that (I) (this hospital)	attended the deceased from	NOT SEEMS / to CO	7041( 19 that (1) (we) last
	saw the deceased alive on		,	the causes and on the date stated above.
	22a. SIGNATURE			22b. DATE SIGNED
П	-74 W. 151110		M.O. PHYS. MED. DIRECTOR	STAFF November 2196
	22c. PHYSICIAN'S NAME (Type)		22d. AODRESS	
	Dr. Jenry A	. Briele	Medical Center S	Salichury, paryland _
23	BURIAL, CREMATION, 23b. DATE THERE	EOF 23c. NAME OF CEME		ION (City, town or county) (State)
	Burial Nov. 23.	1966 Wicomico Me		sbury, Marylang
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC'O BY REGISTRA	R 25b. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY.	SALISLURY, MARY	AND NOV 2 5 1966	Williamles Judge
-			1444 6 0 1000	

VR #15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that III leath certificate be executed within 24 hours lifter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16348

CERTIFICATE OF DEATH

PLACE OF GEATH

11 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a

	10030			CERTIFIC	AH	E OF DEATH	,			347	
1.	PLACE OF OEAT	Н				2. USUAL RESIDENC	E (Where det	ceased lived, If inst	itution: Res	idence before	admission)
		comico				a. STATE	2 2	b. COUN			
-	h CITY OR TOW	N dif outside corporat	a limite	MARYLI I C. LENGTH OF STAY I			yland	anna Ilmita IIII		comico	- Annual
	write RURAL	N (if outside corporat and give nearest tow	n)	1		c. CITY OR TOWN (If	outside cor	porate limits, wit	(O KUKAL A	no give near	est town)
_	S <sub>J.</sub>	lisbury		Oct. 27, 1	966	Sal	isbury	•		22.	/
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in	hospital, give street add	dress)	d. STREET ADDRESS					SIDENCE FARM?
		ninsula Gen	eral i	osrital		Rou	te /2			YES	NO .
3.	NAME OF OECEASED	Fir	st	Middle		Last	4. DATE	Month		Day Y	ear
	(Type or print)	EII.	_R	Thums		14.STLNGS	DEATH	November	er.	5 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED		. DATE OF BIRTH	J 9.	AGE (In years   I	FUNDER 1		R 24 HRS.
	Male	Thite	WIDOWEI		司	June 7,1907		last birthday)		lays Hours	Min.
10:	USUAL OCCUPAT	ION (Give kind of work of	innel 10h	KIND DF BUSINESS DR	<u> </u>	11. BIRTHPLACE (Co	unty & State,	17 713.	1 12. CIT	<u>∠♂  </u> Izen of wha	ī
our	Farmer	ing life, even if retired		INDUSTRY Farming		Rural -Sal	i a 1 110011	and lines		INTRY?	
13	FATHER'S NAM	Ē		* CTHITIE		14. MOTHER'S MAID		a ment à rent	4 000	2	
			-					FY 6			
15	_	A. Hasting		COOLS COURTS	1 47	Lucy P.	nastin				
(Ŷi	s, no, or unkawn)	(If yes give war or dates of	service)	. SDC IAL SECURITYNO.	17.	INFORMANT Irene .	No35	tin Address	ife)		
	140					Route #2, S	alisbu	ry, mary.	land		
	18. CAUSE OF	DEATH { Enter only one	cause per	line for (a), (b), and (c).	1					INTERVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(2)	Cirrhosi	sc	f liver			1	ONSET AND	
	n										
	Conditions, If	DUE anv. which \									
	gave rise to	Immediate /	(b)								
	cause (a), st		TO								
z	underlying caus		(c)								
CERTIFICATION	PARTIL DIHERS	IGNIFICANT CONDITIO	NS CUNTRIE	UTING TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL D	ISEASE CON	DITIDN GIVEN IN P	'ART 1(a)	19. WAS A PERFO	
Ē	20a. ACCIDENT	WAS UNDERLYING	1 20h	DESCRIBE HOW INJURY	7.00010	DDED (Enter pature of	Inlues In De	et Los Dart II as	Idam 10	1 159 🗌	NO []
CERI	OR CONTRIBUTI	NG CAUSE OF DEAT	H	N/A	0000	RRED. (Elitel Hatulo VI	injuty iii ra	int t of rail it of	Helli 10.j		
MEDICAL	20c. TIME OF I	NJURY Month, Day, Y	ear   20d.	INJURY DCCURRED [20	e. PLAC	E OF INJURY (Home, far	rm.   20f. (	(City or town)	(Couni	ty)	State)
ă	Hour a.m			Not While	factor	y, street, office bldg., et	(c.)				
Ξ	р.п				-	Alexistry -		3 3 /6			
	21. I certif	y that (I) (this hosp	ital)_atten	ded the deceased fro						9, that (1) (	
		ceased alive on	11/	5 1966 and	d that	death occurred at 9	B_M, fro	om the causes a			d above.
	22a. SIGNATUR	E C	6	out ()					22b. DAT	E SIGNED	
	Wel	COLL X	~ · El	Illo Harr	M.D.	ATTENDING N	MED. DIRECTOR	STAFF PHYS.	NOT	v. 1 /	1966
	22c. PHYSICIA NAME (Ty					22d. ADDRESS					
	MAME (1)	Dr. dilbu	r R. i	Illis. Jr.		Regical Co	nier.	Sarismur	V. 1.8	wlann	
23a	BURIAL, CREM	ATION, 23b. DATE T	HEREOF		ETERY	DR CREMATORY		CATION (City, toy			tate)
2/	Eurial FUNERAL DIRE	Nov. 8.	1966	ADDRESS	Meino		Sali	sbury. 1	aryla	nd	
24			v c	ADDRESS LISBURY . I.LEN	V			STRAR   25b. REG	Clark		48
_	410,004,018	WI OF DURING	T a IDIA	PINDOUT & IMEN	T THE	DATE NO	INTO	1966 /	mes /4	and have	1

VR A15 (4) F R



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16349

CERTIFICATE OF DEATH

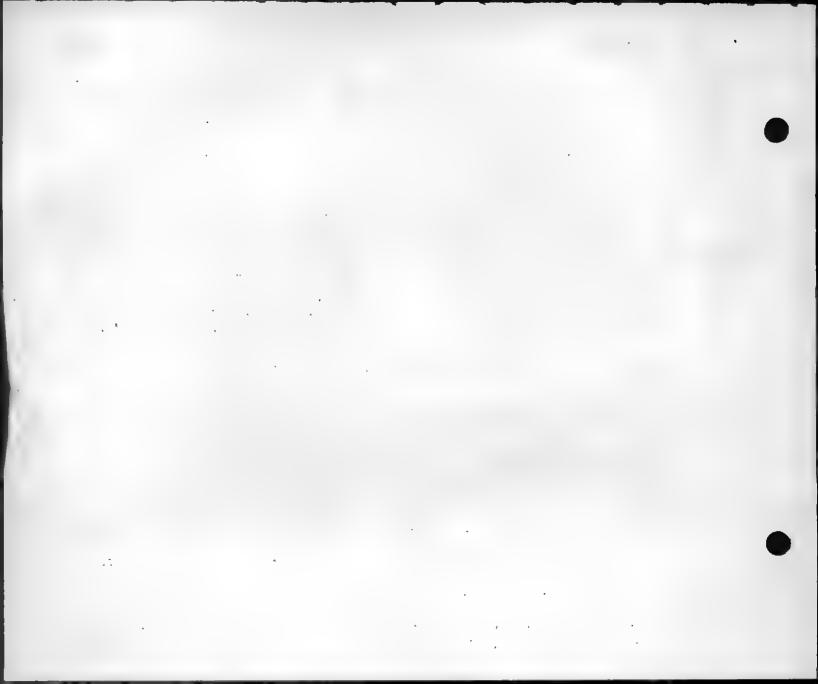
ACE OF DEATH

LI 2. USUAL RESIDENCE (Where decased lived. If institution: Residence before

and the same of									
1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDEN	CE (Where dec			nce before admission)
		omico		Manuallin	a. STATE	ryland	b. COUNT	Y Wilcom	ina
	b. CITY OR TOWN (		te limits,	c. LENGTH OF STAY IN 16	1/	Q .	porate Ilmits, write		
		i^bury	1117		Sal	lisbury			
	d. NAME OF HOSPI	AL OR INSTITUTION	ON (if not in h	ospital, give street address	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
-		insula Go					ns Street		YES NO D
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE	Month	Đ.	ay Year
_	(Type or print)		LINCE	Ivack Y	HAYLAN	DEATH	210 101111		
5.	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years III	UNDER 1 YE	AR IF UNDER 24 HRS.
	Marie N	White	WIDOWED		"ay 13, 190		60 yrs.	lonus Days	
10	a, USUAL OCCUPATION	(Give kind of work	done   10b. K	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (C			1 12. CITIZE	N OF WHAT
du	ring most of working Out hier (	Hetirea)	d)	NDUSTRY				COUNT	RY?
12	. FATHER'S NAME	rie orred)			Fruitl .no		Tand	USes	
13									
	Asbury Hay				Ellen Al				
15	S. WAS DECEASED EVE es, no, or unkown)  (If	R IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	informant	1 177	Address	-r)F. 111	t. a.c. i.d.
1,	No		36141667		Mrs. Cleo	1 Kink	wals of	1 /2 1 001	OT MILE & MICE &
	I 18. CAUSE DE DEA	TH (Enter only on	e cause per l	ine for (a), (b), and (c).]	1930 S. Eac				TERVAL BETWEEN
		I WAS CAUSED BY		4				Ta Acra Ol	NSET AND DEATH
	1300 1	MMEDIATE CAUSE	(a) X	LOYIC WE	con =	PETE	ever 1100		pprox
	5400	DUE	ТО	0.1-	eritonitú			4	18 he.
	Conditions, If any		(b)	wha po	LY I TON I TW				
	gave rise to Im cause (a), stati		TO						
	underlying cause is		(c)						
S	PART II. OTHER SIGN	IFICANT CONDITI		UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN PA	RT 1(a) 1	9. WAS AUTOPSY
FICAT									PERFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEA CAUSE OF DEA MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC N/A		f Injury in Pa	ort I or Part II of	item 18.)	
MEDICAL	20c. TIME OF INJU	JRY Month, Day,	Year   20d. I	NJURY OCCURRED   20e, PL	ACE OF INJURY (Home, f	arm, 20f.	(City or town)	(County)	(State)
0	Hour a,m,		While	- Stot While	tory, street, office bldg., e	(tc.)			
×	21. I certify t	hat (I) (this hos		k at work [ ] ed the deceased from	10-24 .1	94/. to	11-27	1966	that (I) (we) last
1	saw the deeea	sed alive on	11-26	19 <i>66</i> , and th	at death occurred at	SAUM. fro	om the causes ar	nd on the d	ate stated above.
	22a. SIGNATURE	015	1			Pul		22b. DATE	SIGNED
1	1 / Xx	1.4 1	17/1	lus .	.D. PHYS.	MED. DIRECTOR	STAFF	Lov. 3	1.966
	22c. PHYSICIAN'S	V/	000	M M	D. PHTS.	DIRECTOR L	PHTS.	TAOA * For	1.900
<b>/</b>	NAME (Type)		. 1 64				7		
		ur. not			Fruitle				
23	a. BURIAL, CREMATI REMOVAL (Specif	UN, 23b. DATE	IHEREOF	23c. NAME OF CEMETER		23d. L0	CATION (City, tow	n or county)	(State)
_	burial	Nov. 3	0.1966	St. John's	Cemetery	Fr	TRAR   256. REG	all'Vla	na -
24	FUNERAL DIRECTO	OR		ADDRESS					
	TICTIFO "WI	20 COURT 12T	al a Deale	ISEURY, LANYL	DATE	NOV 31	) 1966 <i>k</i>	Maril	On Oudas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65



D

FOR STATE-HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages rand 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in Say-event within 72 hours after death. Health or its designated agent, prior to burial, cremation, or removal, and

TO DEPUTY MENTAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

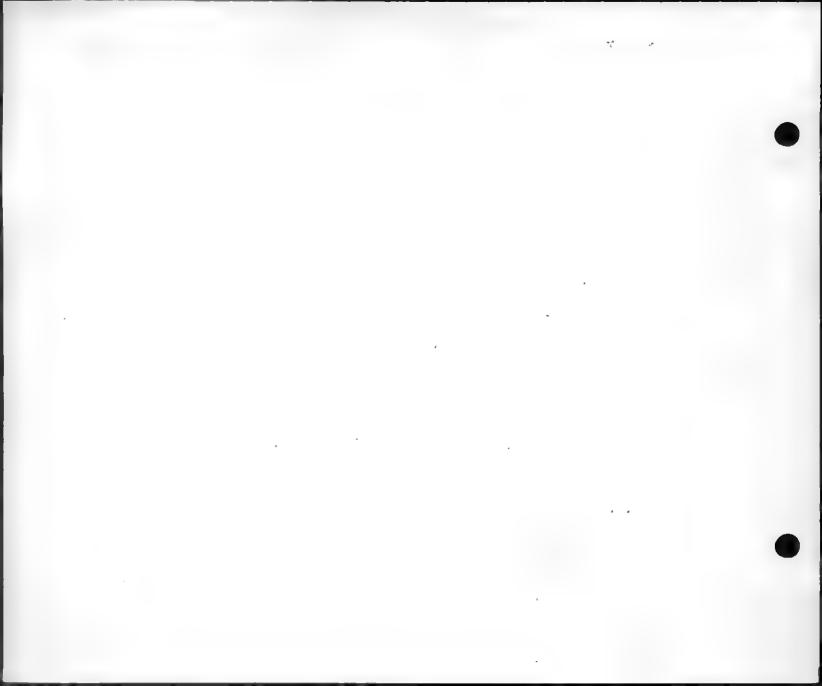
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

VR A15ME (5)

MADVIAND STATE DEPARTMENT OF HEALTH

			1115	1 00 140	ID SINIE	PLI	7117	THE PLAN OF	1 1125			
ivision	of STA	TISTICAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

	10330		WED	ICAL EXAMINI	FK.2	CERTIFICATE	OF DEA	ATH	16.	343
1 1	PLACE OF DEATH					2 USUAL RESIDENCE	(Where deco			
0	COUNTY W1cc	mico		MARYL	AND	o. STATE Mary	land	b. cor	vorces	ster
	CITY OR TOWN (	t autside corporate I mit	s,	C. LENGTH OF STAY IN	16	c City OR TOWN (IF	outside corp	orote limits write RI	JRAL and give	neorest fown)
	Sali	give negrest town)		2 weeks	1	Rura	1, S:	now Hill	1	
(		AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
	Penir	nsula Gen	eral H	lospital_						YES NO X
	NAME OF DECEASED	Fi	rs†	Middle		Lost	4 DATI	Moi	1th	Doy Year
(	Type or pnnt)	ANNIE		KATIE	HII		DEAT	H Noveml		21 1966
S. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8			9. AGE (In years last birthday)	F UNDER 1	YEAR IF UNDER 24 HRS Doys Hours Min.
	'emale	White		DIVORCED			875	91 yrs		·
10o. duri	USUAL OCCUPATION ng prost of working	(Give kind of work done	INI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Sto		**	12 CITI	IZEN OF WHAT INTRY?
	nousew:	ife	O	wn Home		Worcest		o., Md.	U.	S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
		3. Trader			1 2 0	Niecey	Rich			
(Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dates (	of service)	SOCIAL SECURITY NO.	1	NFORMANT			ress	
	No	-		Inknown	Mrs	. Mae Ch	lesse	r, Snow	H111.	
		EATH (Enter only one cau IH WAS CAUSED BY:							4	INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE		yocardial o	dege	neration				days
	Conditions, if any	DUE								
	rise to immediat		(b)							
Ш	stating the under	rlying couse	(c)							
Н		GNIFICANT CONDITIONS O		O DEATH BUT NOT BELV	TEN TO T	HE TERMINA IN SEASE (	ONDITION G	IVEN IN PART 1/o)		19. WAS AUTOPSY
10,		-					ONDITION O	TYLA TA LAKE T(O)		PERFORMED? YES NO X
CERTIFICATION	20g EXTERNAL CA	tertrochan	teric f	racture of SCRIBE HOW INJURY OCC	ריים פייני URRED (	Enter noture of inciry i	n Port L or F	Part II of tem 18.)		10 10 10
CERT	PRIMARY COLOR COL	NTRIBUTING 🔼	100 01							
1 1		JRY Month, Day Year	20d IN	JURY OCCURRED	OLLA: 20e PLAC	nd's Nursi E OF ANJURY (Home, to	ng hor	(City or fown)	(Cou	nty) (Stote)
MED CA.	Hour our	n,	While	Not Whe	focto	ory, street, office bldg., et	tc )	Stockton	Tilamaa	ster Md.
		n 11-8-66 <sup>19</sup> y that I took chora				ing Home			inity XI	and in my opinian
		ed from: Natur				de . Homicid		Undetermined r		
П	geom resum	0	ol doses _	J, Accident LIA	30701	CHIEF MEDICA		_	ilettrict [	
П	ACTUAL SIGNATURE	216	m			M.D. ASS STANT M				22. DATE SIGNED
	EXAMINER'S		X			DEPUTY MEDI	ICAL EXAMIN	ER X	11-22	-66
		Earl L. R	over M	D Camde	en A	ve Address 15He	es Brute	or copyly)		
	BURIAL, CREMATIC	IN, 235 DATE TH		23c NAME OF CEMET	ERY OR	Remarkan's	23d	LOCATION (City or T	own)	(County) (State)
	REMOVAL (Specify		23, 19	66 What	coat	Methodi	st_S	Snow Hi	REGISTRAR'S SI	aryland
24	EUNERAL BIRECTO	all.					C'D BY REGI	STRAR 255.	REGISTRAR'S SI	GNATORE
4	many	Mann	Sı	now Hill,	Md	PAIE	994	occ wel	wiles	Judge.
1	, ,					1404	4 UT		1	/



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

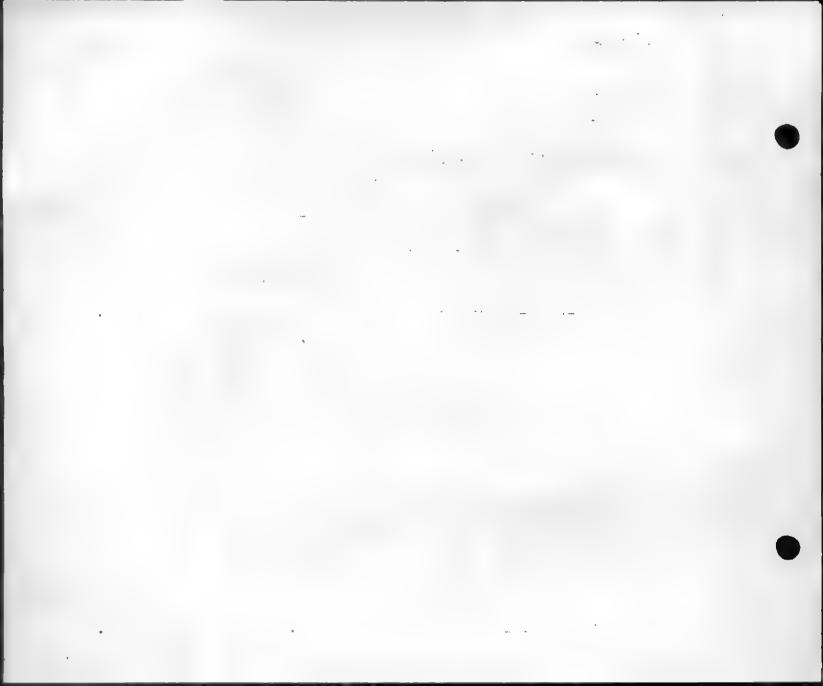
	16351	CERTIFICATE	OF DEATH		16350
	PLACE OF DEATH			here deceased lived, if institution	: Residence before admission)
	Wicomico	MARYLAND	" Mapylan		Wicomico
	OCITY DR TOWN (f autside carparate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	,	ade corporate limits, write RURA	L and give neorest tawn)
	Salisbury		Delma	r	
	I NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospital, give street address)	d STREET ADDRESS		a IS RESIDENCE ON A FARM?
	Peninsula General		605 Ches		YES NO X
	NAME OF East	Middle	Last	4. DATE Month	Day Year
_ }	Type or print) BESSIE	H12	man	DEATH / Cuem	ben 30 1966
5 5	SEX 6 COLDR OR RACE 7 M	ARRIED NEVER MARRIED	8 DATE OF BIRTH	last buthday	FUNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Man
F	emale hoite wi	DDWED DIVORCED	9-29-18	68 98 yrs	Moures Sobs Hooks Will
	USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County &	State, or fareign country)	12 CITIZEN OF WHAT
duri	ng mast af working life, even if retired) At Home	INDUSTRY	Pennsyl	vania	COUNTRY
13	FATHER'S NAME		14 MOTHER'S MAIDEN NA		
,	John Hinman		Ada S.B	ibson	
1.0	WAS DESCRICTED THEN IN IL C. ADMED CODOCEO	16. SOCIAL SECURITY NO. 17	INFORMANT	630中ddes	nesterfield Av
(Ye	s, no ar unknawn) (If yes give war or dates at serv	···	ward N. Hin	man, McLean	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b).				
ATHON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I or Part II af item 1B.)	
CAI	20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Hame, Farm,	20f (City ar tawn)	(County) (State)
MED	Hour o.m. p.m. 19	While Nat While at work I fact	ary, street, affice bldg., etc.)		-
MED	10	atwork atwork L	10-22,19	166, to 11-30	, 19
MED	p.m. 19	atwork atwork L	10-22,19		, 19
MED	p.m. 19 21. <b>I certify</b> that (I) (this haspital)	atwork atwork L	t deoth occurred at		nd an the date stated above.  22b. DATE SIGNED
MED	21. I certify that (I) (this haspital saw the deceased alive on	attended the deceased fram19and tha	t deoth occurred at	MED STAFF	nd an the date stated above
	21. I certify that (I) (this haspital) saw the deceased alive on 22a. SIGNATURE  22c. PHYSICIANS NAME (Type)  BURIAL CREMATION, 23b. DATE THEREOF	at work at work at work at the deceased from 19 and the M. M. 23c. NAME OF CEMETERY OR	t deoth occurred at 5  D. ATTENDING PHYS 22d. ADDRESS  CREMATORY	MED STAFF DIRECTOR PHYS. 1	nd an the date stated above 22b. DATE SIGNED
230	21. I certify that (I) (this haspital saw the deceased alive on	at work at work at work at the deceased from 19 and the m. 23c. NAME OF CEMETERY OR	t deoth occurred at 5  D. ATTENDING PHYS 22d. ADDRESS  CREMATORY  TS Cem. Pay	MED STAFF DIRECTOR PHYS. 23d. LOCATION (City or Town	nd an the date stated above 22b. DATE SIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Therefore remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after Seath.

Page 4 may be retained by the hospital or ottending physician.

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	OR: After this certificate has been signed by the attending physician and completely in by the funeral	I strould be detached for use as the burial-transit permit. Then, sheaps remove carbon papers. Pages I and 2 should	filed with the State Dept. of Health prior to burial, cremation, or removal and it any event, within 72 hours after death.		)	
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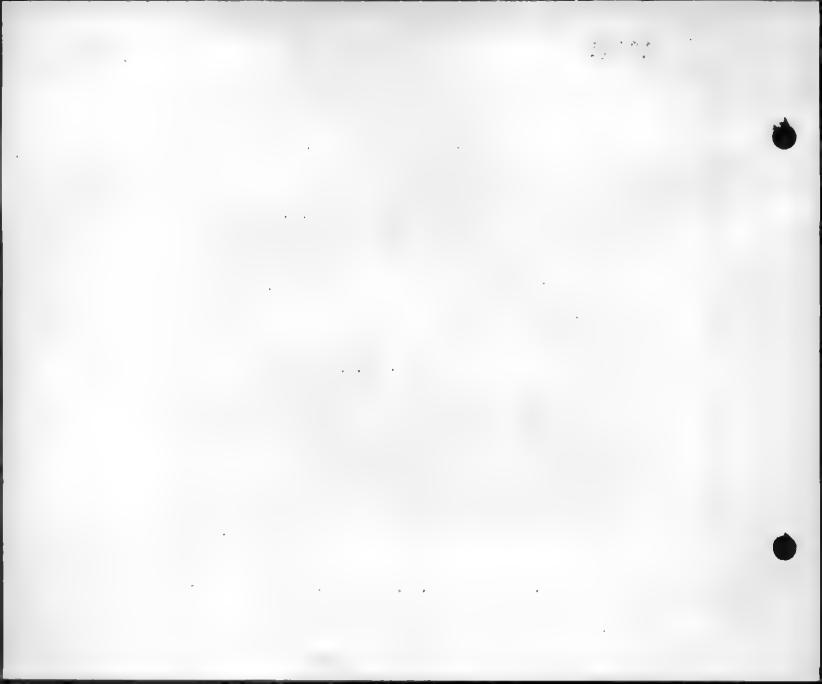
MANYLAND STATE DEPARTMENT OF HEALTH								
DIVISION OF STATISTICAL RESEARCH AND RECORD  16352  CERTIFICA	TE OF DEATH 16351							
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before edmission)							
Wicomico Maryland	e. STATE b. COUNTY Caroline							
b. CITY OR TOWN (if outside corporate fimits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres! lown)							
Salisbury 3 mo.	Preston, Md.							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?							
Wicomico Nursing Home	Main Street YES NO €							
3. NAME OF First Middle	Last 4. DATE Month Dey Year							
(Type or print) Leona C. Hollis	DEATH NOV. 7., 1966							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
fem.   white   who web   DIVORCED	Oct. 24, 1895   last hypoday   Months   Deys   Hours   Min.							
No., USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
housewife none	Salem, Md. Dorchester Co. U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
James A. Carmine	Lillian Harper							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes give were released service)	INFORMANT Address							
	I. M. Hollis Preston, Md.							
18. CAUSE OF DEATH [Enter only one cause per I no 14 (a), (b), and (c) 1	INTERVAL BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (e)	anyour 1000							
X DUETO ROAD AS	l'acteuseleros 542.							
Conditions, I eny, which gave rise to immediate cause	acum scores sqr.							
[e), slating the underlying DUE TO								
cause last. (c)								
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?							
13 alpenson accesso	YES NO							
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCUR	(Enter nature of injury in Peri t or Peri It of Item 18.)							
五 Hour e.m. WhileNot While fa	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)							
Z p.m. 19 st work st work	Marie Lander							
21   certify that (I) (this hospital) strended the deceased from								
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	at death occurred at/							
220 CHATURE // Pare dilar.	ATTENDING MED. STAFF							
226 AVSICIAN'S MULLIUM	M.D. PHYS. DIRECTOR PHYS   1/1/06							
NAME (Type)	LEG. COUNCES							
23a, BURIAL, CREMATION, 23b DATE THEREOF , 23c, NAME OF CEMETER)	OR CREMATORY   23d. LOCATION (City, town or county) (Slate)							
REMOVAL (Specify)	D4							
24 HINERAL DIRECTOR'S SIGNATURE ADDRESS MISSAUREGISTRAR'S SIGNATURE								
24 EUNERAL DIRECTOR'S SIGNATURE FOR OF REGISTRAR'S SIGNATURE FOR OF THE								
	TVAIL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16353 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND b CITY OR TOWN (if autside carparate , mits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Fruitland 668 days Salisbury IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Deer's Head State Hospital Oak Street NO A YES 3 NAME OF Middle 4. DATE Month DECEASED OF Gordy Hopkins 11 66 19 (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Days Manths Hours Male Colored WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** during most of working life, even if retired) INDUSTRY Maryland
14 MOTHER'S MAIDEN NAME Labor 13. FATHER S NAME Unknown Martha Morris IS. WAS DECEASED EVER IN U.S. ARMFD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates af service) Yas Mammie Hookins Erwitland Ad INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Acute bronchitis IMMEDIATE CAUSE (a) 20 X DUE TO Acute papillary necrosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Diabetes mellitus Years last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Generalized arteriosclerosis YES EX NO 20g ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Stote) MED Haur a.m. Nat While factory, street, affice bldg., etc. ot work ot wark 1966, that (4) (we) last 19.65 , ta 21. I certify that A (this haspital) attended the deceased from 19.66, and that death accurred at 1 A. M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a/ SIGNATURE ATTENDING STAFF PHYS. 11/5/66 DIRECTOR PHYS ZZc. PHYSICIAN'S 22d. ADDRESS Head Hospital; Salisbury, Md. Deer's C. H. Winnacott, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Fruitland ST. James Cemeterv Burial FUNERAL DIRECTOR

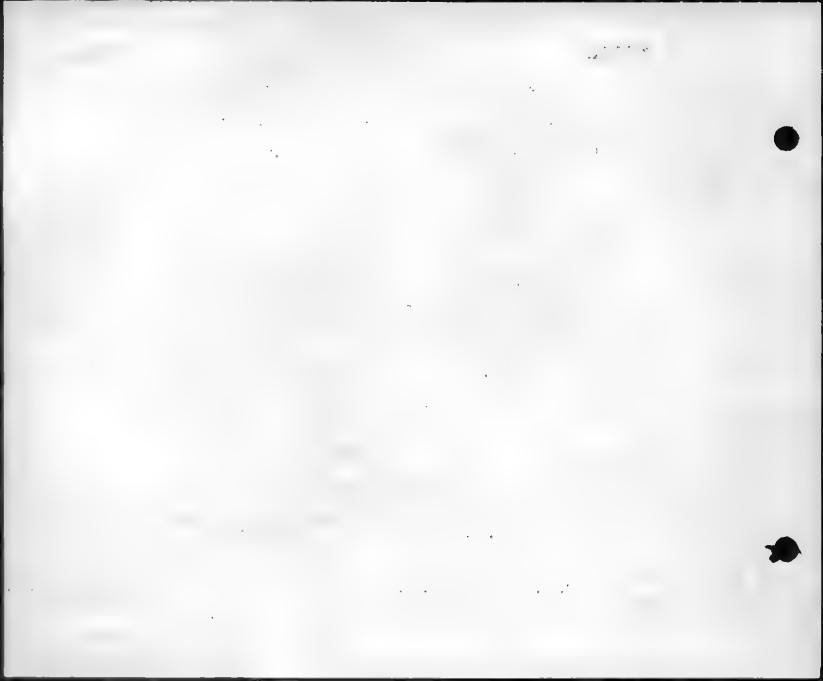
be executed within 24 haurs after death. funeral I and er death ely filled in by the bon papers. Page , within 72 haurs a and completely f - LO any eyent pub and in/ physician a law requires that the death certificate d by the attending physici transit permit. Then ple crematian, ar removal, a transit signed by burial trans burial, crem O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. has been the as far use Health this certificate detached for te Dept. af H State Dept. TO FUNERAL DIRECTOR: After þe directar, page 3 should shauld be filed with the

VR A15 (4) 20 M 1/66

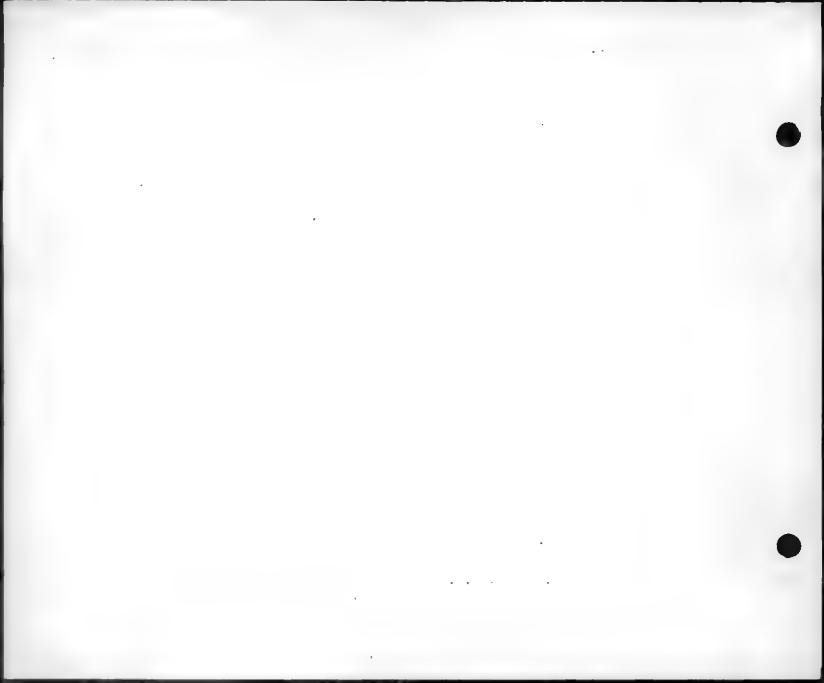


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	. 5.7	4		16354		CERTIF	ICATE	OF DEATH		1635	3
r death	l and		1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND				LAND	2 USUAL RESIDENCE (Where deceased leved, if institution Residence before admission) a. STATE Maryland b. COUNTY Somerset			
rs afte	9 0		į	(ITY OR TOWN (If autside carp write RURAL and give nearest Salisbury		c. LENGTH OF STAY IN	N 3b	CITY OR TOWN (If aut	rside corparate limits, write f	RURAL and give nearest	tawn)
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ecuted with	remove car		5 5	// / /		NEVER MARRIED	F 8	DATE OF BIRTH MAY 18:9	9 AGE (n years lost birthday)	IF JNDER 1 YEAR Manths Days	IF JNDER 24 HRS. Haurs Min.
be ex	lease remo		10a. durii	USUAL OCCUPATION (Give kind of ig mast at warking its, even if ret	wark done 10b. K	CIND OF BUSINESS OR		1 1	& State, or foreign country)	12 CITIZEN OF COUNTRY?	
rtificate <del>m</del> osicie	20-		13.	FATHER'S NAME	Dohnsen	JEHIO	ød	14. MOTHER'S MAIDEN N	the state of the s	1 01-	
requires that the death certificate be executed within 24 hours after death a physician.  signed by the ottending physician and campletely filled in by the funeral	permit, meg		15 WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN) (Yes, no, or unknown) (If yes give wor ar dates af service) 12.12-12-3566  The first security is service.								
of the off	transit permit.			18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE	D 8Y- / /	r (a), (b), and (c).) REMIA		T ( TOTAL	VIICINO		ERVAL BETWEEN SET, AND DEATH
quires the physician.	burial-trai burial, cre			Conditions, if any, which gove) BY ACINO PENAL INSUFFIC 12NCY. Three LIZERS							
w required plants of the city	t ta			rise to immediate cause (a).  stating the underlying cause lost.  DUE TO  (c)  DUE TO							
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G PHYSICIAN: The taspital ar att this certificate ha detached far use to Dept. of Health y		CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH	escribe how injury oc	CURRED. (E	inter nature of injury in f	Part I or Part II of item 18.)			
		MEDICAL	20c TIME OF INJURY Month, Di Hour a.m. p.m.	19 While	rk 🔲 at wark 🔲	facta	OF INJURY (Home, form ry, street, affice bldg., etc.)		, , , , ,	(State)	
TENDIA ined by	the Sto			21. I certify that \$\pi\$) saw the deceased ali	(this haspital) atterve an Nov. 2,	nded the deceased 19_66 , c	from_Aj	o <b>ril 18</b> , 1 death accurred at	9 <u>66</u> , to <u>Nov. 3</u> 3:40PM, fram cause		
De retained	ed with			220. SIGNATURE MD ATTENDING MED. STAFF DE 22b. DATE SIGNED 11/3/66							
O HOSPITAL Page 4 may	director, page 3 shauld be filed	1		22c PHYSICIANS NAME (Type) C. H. Winnacott, M. D. 22d. ADDRESS Head State Hospital; Salisbury, Md.							
TO HOSPITAL Page 4 may	directar, shauld b	ζ.		REMOVAL (Specify)	DATE THEREOF	23c NAME OF CEME	DI-MI	74	23d LOCATION (City or Library) BY REGISTRAR 256	Town) (County)  REGISTRAR'S SIGNATUR	md
VR 20	A15 (4) M 1/66	3	24.	FUNERAL DIRECTORY	S. War	Orsful	le)	DATE N	10V 7' 1956	Clearle	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) death a. COUNTY a. STATE b. COUNTY Page 5 Wicomico Mary Land Wicomico MARYLAND Department b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and write RURAL and give nearest tawn) ofter Rural - Hebron Willards d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? e State Der 72 haurs along with form Route 50 YES NO TO in Item 18, Give Pages 24 haurs after Beath 3 NAME OF M+ddle 4 DATE First Last Month Day DECEASED OF the LEVIN George JONES 11-1-66 within (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** Haurs 1909 Septr White Male W DOWED DIVORCED Office and 2 event 10a USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (State or fareign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COLHEYA Maryland road construction pencil , 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This cart ficate all auld be executed within Richard Jones Manie Donoway S WAS DECEASED EVER NOS ARMED FORCES? (Yes na, arunknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address the Chief Medical removal 218-07-1925 Gladys Jones willards, Md. XX XX 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY Traumatic evisceration of chest & abdomen Ю IMMEDIATE CAUSE (a) crematian, DUE TO Conditions, if only, which gove 4 shauld be farworded to rise to immediate cause (a). DUE TO \_ stating the underlying cause lost. burial, a 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION YES IX prior ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NULRY OCCURRED. (Enter nature of injury in Part I at Part II of Item IB.) 3 shauld PRIMARY XX or CONTRIBUTING **EXAMINER:** Truck backed over him while working on road construction. CAUSE OF DEATH. its designated agent, 20c. T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 201 (City or fown) (County) Route 50, near Hebron, Wicomico, Maryland Haur a.m. Not While While at wark 11-1-669 at wark Inspection X 2) I certify that I took charge of the remains described above, held an Autapsy [X], Inquiry (X), and in my apinian death resulted from: d rectar Natural causes Accident XI Suicide | Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMENER may be re FUNERAL D SIGNATURE the funeral Royer. DEPUTY MEDICAL EXAMINER IK Health ar Earl EXAMINER'S November 3. 1966 NAME (Type) 1:09 Camden Address (Street, city town, or county) Ave. Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d LOCATION (City or Town) (County) 0 Willards New Hone 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR VR ATSME (5) Whaley Funeral Home, Selbyville, Del. 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16355

lence before admission)  COLITO  (Incomplete to the control of the
7 7 1
A IS RESIDENCE
e IS RESIDENCE ON A FARM?
YES NO 🔼
Day Year
2-66 19
ER 1 YEAR   IF UNDER 24 HRS
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S. H.
INTERVAL BETWEEN ONSET AND DIATH
ONSET RIPU WATER
119 WAS AUTOPSY
PERFORMED?
YES NO
(aunty) (State)
and in my opinion
22. DATE SIGNED
11-14-50
/1-//
(County) (State)
S SIGNATURE
PROMATURE

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Poges 1, 2, and 3 to the funeral director Poge 4 should be forwarded to the Chief Mandall I.

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land? with the State Department of Health or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death

VR A15ME (\$)

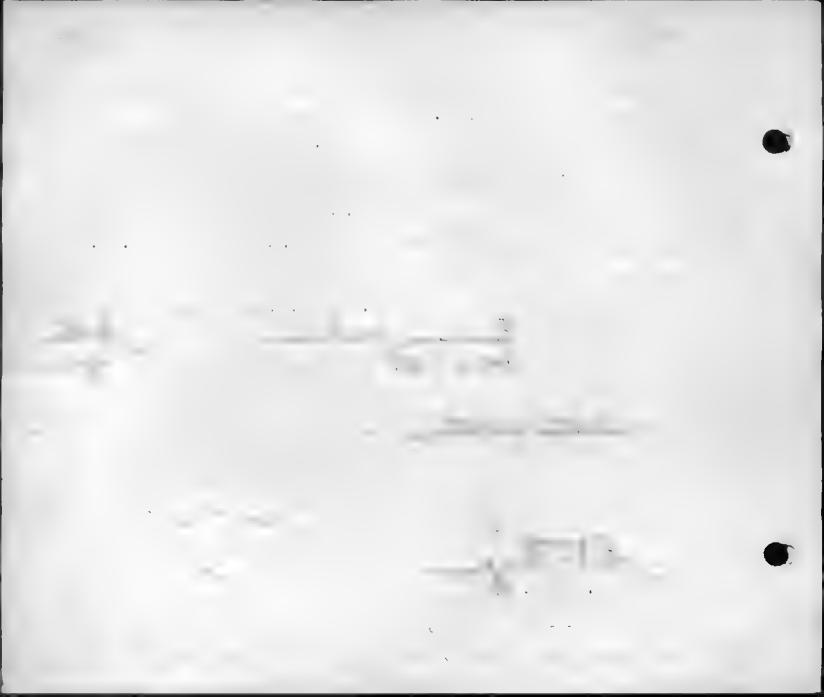
P.M.3. Poge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MADVI AND MEDICAL EXAMINER'S CENTIFICATE OF DESTA I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased by d. first, by Rasidence bel. 16 cm. is necessary, parector Page r vour files. \* COLINTY 70 b. COUNTY MARYLAND Wicomico Maryland Wiosmico b. CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerest town) write RURAL and give nearest town) Mardela Mardela d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) d STREET ADDRESS a. 15 RESIDENCE ON A FARM? retain he State urs after o Rt #1 Rt. #1 YES X NO 3. NAME OF s after death. If any 1, 2, and 3 to the function of a may be retained 2 with the St within 72 hours a Middle DATE Month Yası Day DECERSED OF (Typa or print) Arthur Edward DEATH Lane 19 66 6. COLOR OR RACELT, MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years LIF UNDER I YEAR JE UNDER 24 HRS lest birthday) Months executed within 24 hours after do it is the 18. Give Pager 1, 2, and long muth form EM3. Bage 5 man ansit permit. File pages 1 and 2 versit, and in any event within? Days Male WIDOWED DIVORCED ! Mar. 3, 1898 68 10s. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY IT BRTHPLACE State or foreign country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Electristy U.S.A. Eastern Shore Pubic Service Atta, S.C. Machinist 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lane Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addrase (Yas, no. or unkown) | (If yasq yewer or datas of service) in pencil is list. Mrs. Pearl L. Lane, See Sec 2 No 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i Off ce along a burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) This certificate should be en e word "pending" in pencil edical [mammer's Official alo build be used as a burial-tran burial, cremation, or remo 4 1 1 DUE TO Conditions, if any, which (6) geve risa to immediate causa DUE TO (e), stating the underlying cause last. PART IL OTHER SUMPLICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILIS. 19. WAS ALTOPSY CERTIFICATION writing the word " e Chief Medical Iss Page 3 should be unit, prior to burial, PERFORMED? NO 2De. EXTERNAL CAUSE WAS · 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of them 18 I PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Ch. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) While Not While fectory, streat, office bldg., etc.) at work at work TOR 21. I certify that I took charge of the remains described above, he dian Autopsy Inspection Inquiry DIRECT its designated Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER please execute should be to FO PUNERAL I Health or its de ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATU M.D. DEPUTY MEDICAL EXAMINER I EXAMINER'S Earl Hover 11-7-1966 NAME (Typa) Address (Straet, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial Mardela, Cemetery Mardela, Maryland 23. FUNERAL DIRECTOR ADDRESS 246 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE YR A15ME Hill Funeral Home Salisbury, Maryland DATE

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY\_\_\_ b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give recest town) Sbu .5 = Pages pellij d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, pive affect eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X completely papers. n 72 ho 3. NAME OF DATE Middle 4. DECEASED (Type or print) DEATH ≘. carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months Doys WIDOWED X DIVORCED remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country? during most of working life, even if retired) and in a 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal (Yes his or unkown) (If yes give we rordales of service) 18. CAUSE OF DEATH lenter only one cause per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) urial-transit **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last fhe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY CERTIFICATION 10 0 PERFORMED? use NO Z prior YES 📑 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Peri Lor Peri II of item 18.) for OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc. Hour e.m. While Not While ō at work et work DIRECTOR: that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 1966., and that death occurred at saw the deceased alive on. M, from the causes and on the date stated above. 22e. SIGNATUS 22b. DATE ATTENDING MED SIGNED PHYS. DIRECTOR M.D. page with th FUNERAL 22d. ADDRES 22c. PHYSIC NAME ector, filed DATE THEREO! 236 - BURIAL, CREMATION, REMOVAL (Specify) CREMATORY 23d. LOCATION 23b. Otio VR A15 (4) 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16359 CERTIFICATE OF DEATH d 2 by the funeral Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Wicomico b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 15 d campletely filled in by the move carban papers. Page iny event, within 72 haurs a write RURAL and give nearest town) Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO 3. NAME OF Middle Lost DATE Month Doy Year DECEASED (Type or print) DEATH 5 SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT attending physics of Then please of Annal Ir INDUSTRY most of work ng life, went fret red) COUNTRY. unblown 5 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remay WAS DECEASED EVER IN J.S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT will med Rot (Yes, no, or unknown) (If yes give wor of dates of service) crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO far use as the t f Health priar tab stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH ö detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. Not While foctory, street, office bldg, etc.) ot work of work þ 19 6 5 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the M, from coases and on the date stated above. that death occurred of sow the deceased alive on 22b. DATE SIGNED 220 SIGNATURE ATTENDING STAFF DIRECTOR PHYS 22d **ADDRESS** 22c PHYSICIAN'S NAME (Type) DATE THEREOF BURIAL, CREMATION, OF CEMETERY OR CREMATORY 23b. (Stote) REMOVAL (Specify) FUNERA DIRECTOR

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

law requires that the death certificate be executed within 24 haurs after death

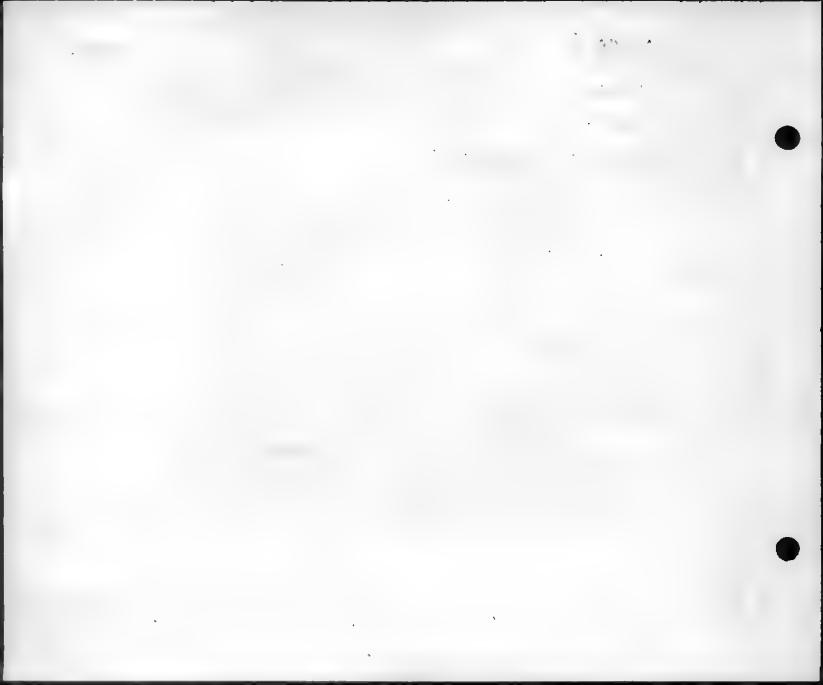
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. There peace remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar removed, and in any event, within 72 hours ofter death.

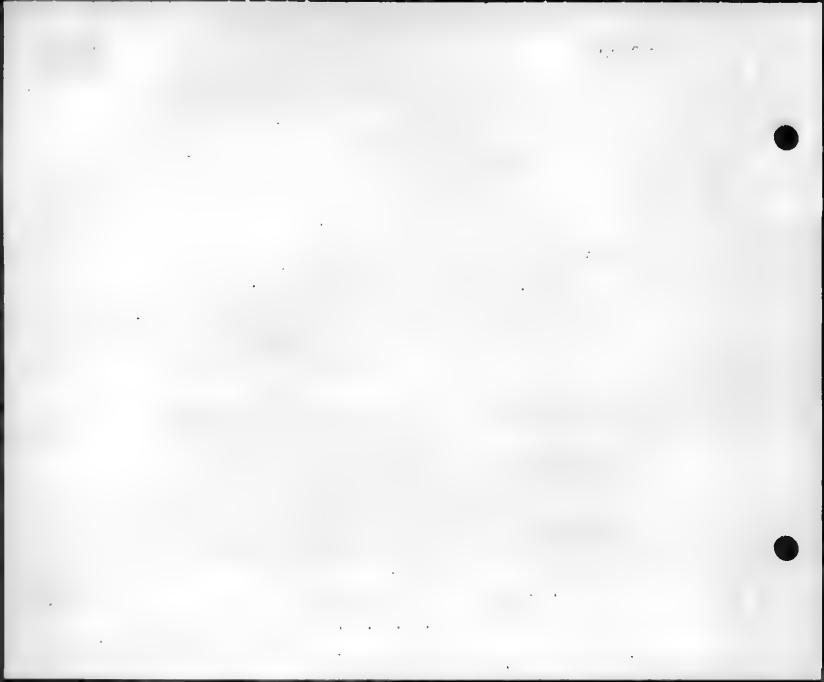
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the haspital or ottending physicion.

VR A15 (4) 20 M 1/66

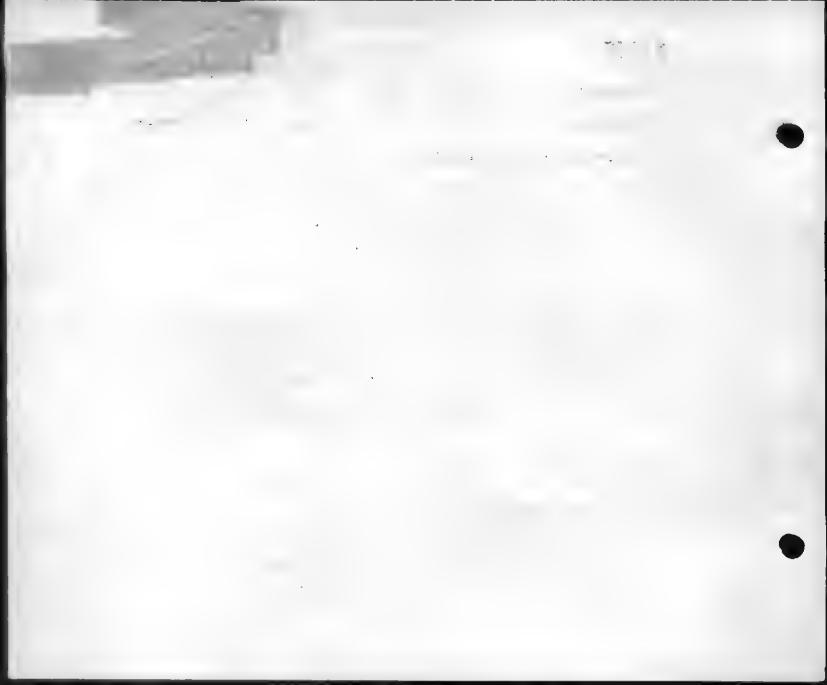
## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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î		LACE OF DEATH					2 US	UAL RESIDENCE (1	Where dec	eosed lived, if institu	tion Residence	e before o	dmission)	
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	15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO   17 INFORMANT Address										ess			
	(Yes, no, or unknown) (If yes give wor or dotes of service) 215-50-2347 Paul Magee Berlin, Md.													
F	T		EATH (Enter only one co	use nor line fo	r (a) (b) and (c) )	120	94-40			71 11 11 11	-	1NTFRV	AL BETWEEN	
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	∄											YES		
3	CERTIFICATION	20o ACCIDENT WA	S UNDERLYING [	20b. D	ESCRIBE HOW INJUI	RY OCCURRED.	(Enter n	olure of injury in	Port 1 or	Port II of item 1B.)		_!		
	3		MEDICAL EXAMINER)				,			,				
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MARYLAND STATE DEPARTMENT OF HEALTH . ien of STATISTICAL RECEARCH AND RECORDS, 301 W. DRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before adversed a COUNTY b. COUNTY Wicomico sary, Page Wicomico MARYLAND Maryland b. CITY OR TOWI! f unde corporate mits C TENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate I m ts. Write RURAs and give ne of the write RURAL and give nearest town! Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) A STREET ADDRESS I e. IS RESIDENCE ON A FARM? Chestnut E. Chestnut St.. YES I 7 NO X 10 3. NAME OF DATE Month Yaar DECEASED the OF (Type or print DEATH Idllia. Madora Malone Nov. 19 66 with 1 72 hg 6. COLOR OR RACE 7, MARRIED NEVER MARRIED X may b B DATE OF BIPTH AGE IN YEAR LIF UNDER 1 YEAR IF LINDER 24 HRS ast birthday) , Months 10,1877 1, 2, and ge 5 ma and 2 v White WIDOWED [ DIVORCED 89 yrs. hours after n liem 18. Give Pages 1, 2, g with form 19M3. Page 5 t permit lie pages 1 and 1, and 1 IDa USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OR NOUSTRY II BIRTHPLACE IS at a or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Marvland None None 13 FATHER'S NAME 14 MOTHER'S MAINEN NAME Laura Fields Peter Malone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) [ (Ifyes give warprdates of service) None Miss. Elizabeth L.Malone Same No N one 18. CAUSE OF DEATH (Enter only one cause per June for (a), (b), and (c), i Office along burial-transit p PART I. DEATH WAS CAUSED BY. " in pencil i IMMEDIATE CAUSE (a) DUE TO ö "pending" in Examiner's Off s used as a bu Conditions, if any, which the word "penamer's Medical Examiner's gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,87 19, WAS AUTOPSY CERTIFICATION uld be u burial, PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 2Da. EXTERNAL CAUSE WAS 0 PRIMARY | or CONTRIBUTING | writing to Chief Nogge 3 st of the Ch. CAL 20e. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 1 2Df, (City or fown) (County) (State) While Not While factory, street, office bldg., etc.) at work at work 50 th 21. I certify that I took charge of the remains described above, held an Autopsy L DIRECTO Inspection and in my opinion death resulted from Accident Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be ... FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE AA D DEPUTY DEPUTY MEDICAL EXAMINER EXAMPNER'S 11-7-1966 Dr. Earl L. Royer NAME (Type) Address (Street city, town or county) 22. BURIAL, CREMATION : 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stete) REMOVAL (Specify) TO T Parsons C meterv S lisbury, Maryland Burial 23. FUNERAL DRECTOR 248 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VR A15ME Charles Hill Funeral Home Salisbury, Maryland 5M 1/62

		16362 CERTIFICATE OF DEATH
funeral and ter death	ħ	PLACE OF DEATH  COUNTY  WICOMICO  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission of STATE of COUNTY  WICOMICO  MARYLAND  VITSINIA ACCOMOCIT  VITSINIA ACCOMOCIT  MARYLAND
by the Pages tours aft		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  C. LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
within 24 haurs after diely filled in by the fune ban papers. Pages I of within 72 hours after d		A NAME OF HOSP TAL OR INSTITUTION (If not in haspitol, give street oddress)  Peninsula General Hospital  New Charch, UA.  Perinsula General Hospital  Name OF First Middle Lost 4 DATE Month Day Year
ate be executed with ician and completely flease remave carban and in bnyevent with	IDo	Comparison   Com
ertificate be physician a nen please aval, and in	13/	FATHER'S NAME  MARINET  MARINE
that the death certific ian. by the attending phys fransit permit. Then p tremation, ar remaval,	15	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 225-40-49 75  No  No  No  No  No  Address  No  Cheunely, Va.
equires physici signed burial- burial,		IB. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Stoting the underlying cause  (c)  INTERVAL BETWEEN  ONSET AND DEATH
t: The lar attention of the lar	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO
	CAL CERTIF	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. TIME OF INJURY Month, Day, Year  20d. INJURY OCCURRED  20e. PLACE OF INJURY (Home, form, 2 2Df (City or town) (County) (State)
by the Affer this be detered	MEDICAL	Hour a m. pm. 19 While of work of work of factory, street, office bldg., etc.)  21.   certify that (1) (this haspital) attended the deceased from 1/-9, 1966, to 1/-/3, 1966 that (1)/(we) last
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ca director, page 3 should be detache shauld be filed with the State Dept.		saw the deceased alive on 11-13-19-66, and that death occurred at 450 M, fram causes and an the date stated above.  22a. SIGNATURE  ATTENDING PHYS DIRECTOR STAFF PHYS.   22b. DATE SIGNED
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	22.	22c PHYSICIAN'S NAME (Type) 22d ADDRESS MEDICAL CENTEU -: SALISBURY MEDICAL CENTEUR -: SALISBURY MEDICAL CENTEUR -: SALISBURY MEDICAL COUNTY (County) (Stote)
AK 412 (4) 50 W 1/66	27	FUNERAL DIRECTOR - NETAL HOME ADDRESS  REMOVAL (Specify)  11/16/66 NE SONS CEME NEW CHURCH ACCOMPLET, UPA  FUNERAL DIRECTOR - NETAL THOME ADDRESS  250 REGISTRAR 25b REGISTRAR 25b REGISTRAR'S SIGNATURE
40 Nt 1/00		ames n. Fat To MPENANCEVINDONNES Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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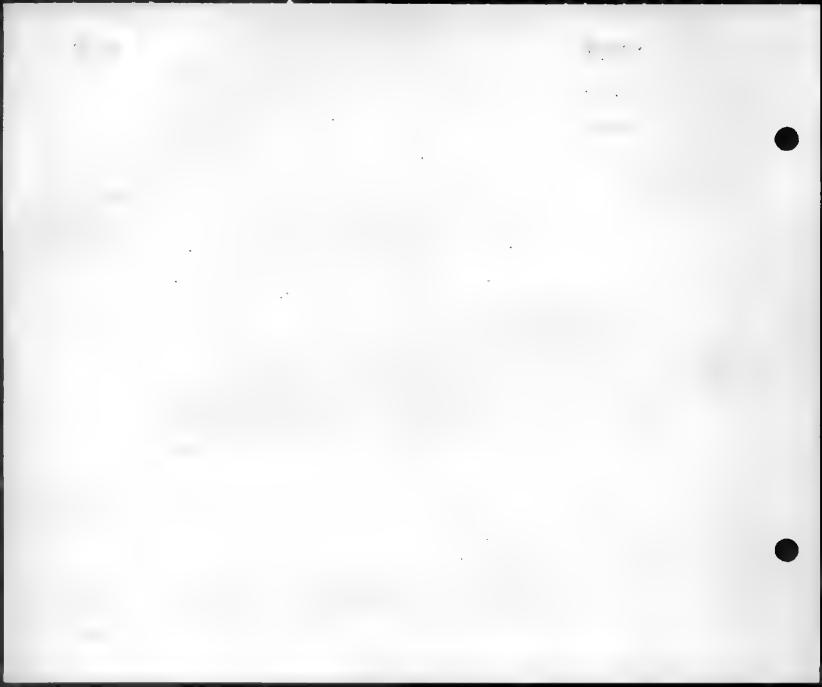
## CERTIFICATE OF DEATH

16362

1			
1		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission)
,	'	O COUNTY WICOMICO MARYLAND	STATE GINIA 6 COUNTY ACCOMACK
		b CITY OR TOWN ( f outside corporate limits,   c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURA. and give nearest fown) Salisbury	TEMPERANCEVILLE
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 6 IS RESIDENCE
80		Peninsula General Hospital	Temperancoville YES NO
		NAME OF First Middle DECEASED DECEASED	Lost 4 DATE Month Doy Year OF
		(Type or print) ROBERT LLWOOD !!!	ATTICUS DEATH /ULVEINDER OU, 1966
	S	SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Man
	1	PALE WHITE WIDOWED   DIVORCED	1-22-1928 3 PINTODY) MONTHS BOYS HOURS MAN.
	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT
	7	ing most of working life, even if retired) INDUSTRY TO Play e of Combell Soup Combell Soup	Accomodic Va COUNTRY? 4.S.A
45	79	FATHER S NAME	14 MOTHER'S MAIDEN NAME
(		Harry Matthews	Mangarett Brown
	-15 (Y)	e no or unknown) (If we away were detected convert	INFORMANT Address
		is, no, or unknown) [If yes give wor or dotes of service] 128. 24- 149 11	rs. R. B. Matthrus - Tempsu. Va
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (6)  DI OXC COL	deal mysel Inservana DEATH
		420./ DUE TO	
	H	Conditions, if any, which gove ) (b)	
	П	rise to immediate couse (o), DUE TO	
		last. (c)	
_	~	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
-	AT ON		YES NO
	PFC		(Enter nature of injury in Part I or Port II of item 18)
	CERT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLAI	CE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
	WED	Hour a.m. While Not While of work of work	tory, street, office bidg , etc )
		21. I certify that (I) (this haspital) attended the deceased fram	11-30 , 1966 to 16 30 , 1960, that (1) (we) last
		saw the deceased alive an 16-30 19 60 and tha	t death accurred ab36 FM, fram causes and an the date stated abave
		220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
		LETS ECCES, Y MI	
,	П	22c. PHYSICIAN'S	22d. ADDRESS
/		NAME (Type)	
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LQCATION (City or Town) (County) (Stote)
		Scercel 12/3/66 Downings	Ceme. Oak Hall, Velowack, Va.
	24	FUNERAL DIRECTOR ADDRESS ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
		Lames 11. for lemperancevelle.	Va. DATE DEC 5 1966 2 confor Jules

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16364

CERTIFICATE OF DEATH

16363

									100	1 (J e)	
	E OF DEATH					2. USUAL RESIDENCE (	Where deceased live	d, if institutio	n Residence p	efore admiss	зюп)
a (O	Wic	comico		N	MARYLAND	o. State Maryl	and	p. (008)	vicomic	0	
		utside corporate limits,		c LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (If o	utside carparate limit				
W	rite RURAL and g Salisi	ive nearest tawn)		4 Yrs		Salisb		art 196			
d NA		OR INSTITUTION (If not	in haspital, g			d. STREET ADDRESS				e IS RES	IDENCE
	404 Pa	cific Ave.	,			404 Pa	cific Ave	• ,		YES	FARM?
NAM		First		Middle		Lost	4 DATE	Month		Doy Y	ear
DECE. (Type	ASED or print)	CLARENCE	I	EDWARD	McCL	ELLAND	OF DEATH	11	3	O 19	66
. SEX	6	. COLOR OR RACE	7, MARRIED	NEVER MAR		8 DATE OF BIRTH	9. AGE	In years	Months Da		ER 24 HRS Min.
Ma	le	White	WIDOWED	DIVO	RCED	7/31/1904		outhday) yrs	MONINS DO	ys Hours	14/11/
		ive kind of wark dane	10b. KI	ND OF BUSINESS O	R	F1 BIRTHPLACE (County			12 CITIZEN	OF WHAT	
		Retired Retired	D.C.	CITY GO	V.	Dist. C	ol. (Wash	ingtor	ון ייטי	Š.A.	
	HER S NAME					14 MOTHER'S MAIDEN	NAME				
R	aymond N	<b>CClelland</b>				Lorena	Kuehling				
S. WAS	S DECEASED EVER II	U.S. ARMED FORCES?	16. S	SOCIAL SECURITY N		INFORMANT		Addres			
No	, or onchowing (in	yes give war ar dates of	No	one	Mr	s. Edith K.	McClella	nd Sec	2.2		
18.		H (Enter anly one cause	per line for	(o) (b), ond (c)		land of	1/1111			INTERVAL BE	ETWEEN
	PAKI I. DEATH	WAS CAUSED BY. IMMEDIATE CAUSE (c	a) (1)	ngesu	W2/1	euu ya	was			1001	CHILI
	421.1	DUE TO	O Q.M.	ti i		11:1-				-	,
	ditians, if any, w ta immediate c	nuse (a)	Lun	ue V	non	ucure.	5			741	
stati	ing the underlyi	ng couse DUE TO	0		00	/	/			0	
last.		) (c	<u> </u>		<del></del>						
5 PAR	IT II. OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN P	ART 1(o)		19. WAS AU PERFOR	TOPSY MED?
20a OR I										YES 📄	NO 🗌
20a	ACCIDENT WAS US CONTRIBUTING		205 DES	SCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injury in	Part I or Port II of i	tem 18.)			
	ITHER, NOTIFY ME	DICAL EXAMINER)							1.0		40 . 1
2Dc	. TIME OF INJURY Haur o.m.	Manth, Doy, Year	20d. IN While	JURY OCCURRED  Not While		CE OF INJURY (Home, formander), street, affice bldg., etc.		or town)	(County)		(State)
	p.m.	19	at work	at work L			7	1	1		
		That (I) (this hosp	ital) otteno	let the deceas	ed from	<u> </u>	, to_/	430		thot (I)	
sow the deceased alive on, and that death occurred atM, from couses and or								22b. DATE		ed obove	
ATTENDING AMED STAFF								12-1-			
M.D. PHYS DIRECTOR PHYS. 1.22d. ADDRESS 22d.									alla Cor alla	1,00	
441	NAME (Type)	Earl M. Be	eardsle	ey (			ury, Mary	land			
		Tage Park Toron	rnc .	23c NAME OF C	EMETERY OF	CDCHATODY	L and Location			and all the	(Stote)
	RIAT. (REMATION	E 73b. DATE THER				UKEMATUKT	230 UEAHDN	Elity or low	m) //ni	Inrv I	
3a. BU RE/	RIAL, CREMATION, MOVAL (Specify)	23b. DATE THER		1 .		· -		(City or Tow	,	iniy) (	(31012)
230. BU REA IS		12-2-J		1 .		m. Gardens		n, Mai	,		(37315)
30. BU RE/ B 24. FU	MOVAL (Specify) Urial NERAL DIRECTOR		L966	SpringH:	ill Me	m. Gardens	Hebro	n, Mai	ryland	TURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYNICIAM: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

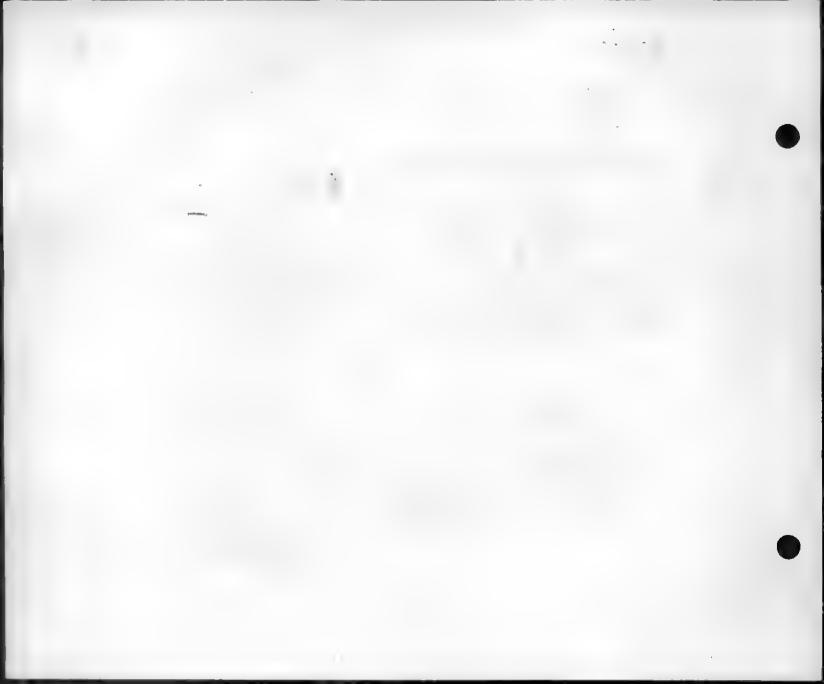


Marca		16365	CERTIFICATE	OF DEATH	16	5364
0	1	PLACE OF DEATH  COUNTY  WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceosed on STATE MARYLAND	b COUNTY NO CES	ten
		b CITY OR TOWN (If autside carporate limits, write RURA, and give nearest town)  Salisbury  NAME OF HOSPITAL OR INSTITUTION (If not in he	LENGTH OF STAY IN 16	SNOW HILL  d. STREET ADDRESS	limits, write RURAL and give	nearest tawn)
	(		ON A FARM?  YES NO D			
	- 1	NAME OF BEESEN BY SITS BY	Boy M	Pherson DEATH	NONEMBER	Doy Year 15 19 66
	5 !	MALE WHITE WH	ARRIED NEVER MARRIED 8 DOWED DIVORCED /		yrs	Days Hours Min.
	duri	USUAL OCCUPATION (Give kind of wark dane ng mast of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY O N C	11. BIRTHPLACE (County & Stote, or fore)  MARY LAN		INTRY? A
		EATHERS NAME UN KNOWN		NANCY MC	Pherson.	
/	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no. of unknown) (If yes give war or dates of service)		ANCY McPherso	W Sec 2.	
		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave ) (b)	Imme	maty		38/60 h
		rise to immediate cause (a), stating the underlying cause (c) DUE TO		(		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE	IE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO TO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (	inter nature of injury in Port I or Port I	Il of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur a.m. 19 p.m. 19		OF INJURY (Hame, farm, 20f. ry, street, affice bldg , etc.)	(City or town) (Cou	nty) (State)
		21. I certify that (I) (this hospital) saw the deceased alive on	ottended the decegsed from	deoth accurred at 3 2 M,	from causes and on the	_ / ( ( )
		STAFF 22b. DA	TE SIGNED			
1		22c. PHYSICIAN'S NAME (Type) HELICO	BAUNEMA	JAJ 22d. ADDRESS P. C.	x- H.	· · · · · · · · · · · · · · · · · · ·
	23 c	BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	64 PARSONS CE		ATION (City of Town)	(County) (State), ARYLAND
. ,	24	FUNERAL DIRECTOR HILL FUNERAL HE	me. SALISTURY,	M d . DATE 2 1 19	R 256 REGISTRARS SIG	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar ta burial, crematian, at remayal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dataesed lived, If institution: Residence before edmission) COUNTY b. COUNTY, by the and 2 death. MARYLAND OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) RURAL and giva nearest Pages 1 urs after filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? completely papers. n 72 ho NON YES T 3. NAME OF Year Middle DATE Month DECEASED OF within (Type or print DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS pue DATE OF BIRTH 8. pthday) Months eveni WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work the during most of working life avan if ratired) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY Stele, or foreign country) please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending and Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [ (If yes give war or dates a blervice)]. 16. SOCIAL SECURIT NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN 6 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a urial-transit DUE TÓ ğ Conditions, if eny, which b gave rise to immadiate cause DUE TO (a), stating the underlying causa last. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY as 2 CERTIFICATION PERFORMED? USB prior NO jo 20s. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) this Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) ŏ factory, streat, office bldg., etc.) Hour a.m. While Not While Dept. DIRECTOR: at work at work 19 8 21. [ certify that (I) (this hospital) attended the deceased from......... 6.4 that (1) (we) last 70 State shoul from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE 226. DATE SIGNED death. Page 4 ATTENDING director, page. HOSPITAL DIRECTOR PHYS. PHYS. 4 M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (TYE NAME OF CEMETERY OR CREMATORY LOCATION (City 23s. BURIAL, CREMATION, 1 23b DATE THEREOI 13c. 0 PEMOVAL (Specify) 25b. REGISTRAR'S SIGMATURE 24/ FUNERAL DIRECTOR'S SIGNATUR ADDRESS 25m. REC'D BY REGISTRAR VR A15 (4) DATE 20M 5-63



## FOR STATE the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta "Pand 2 with the State Department of engregent within 72 haurs after death.

pages and in ا ا

Health or its designated agent, prior to burial, cremation, ar removal. 5 may be retained far your files

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial trans t permit

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

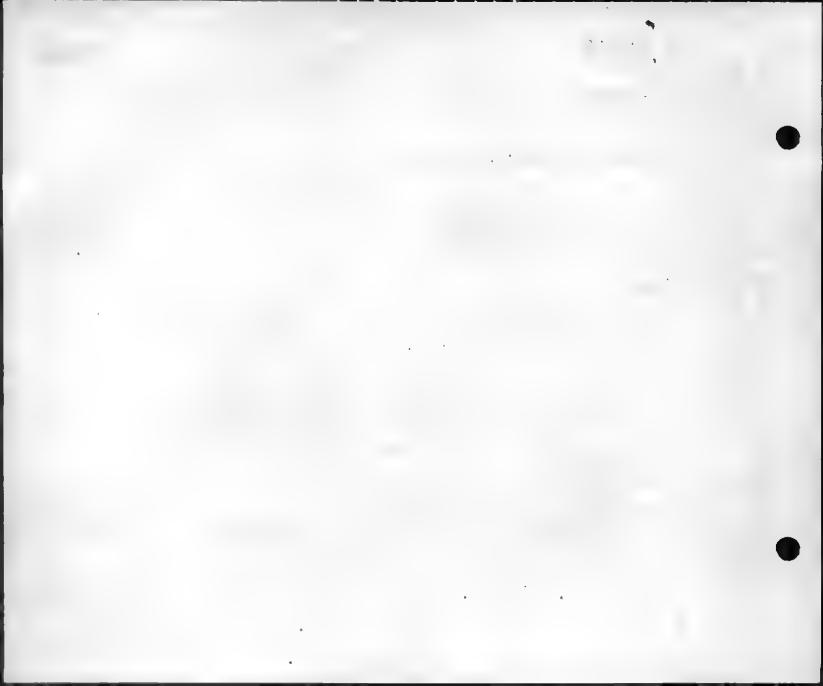
MARYLAND STATE DEPARTMENT OF HEALTH

	16367		MED	ICAL EXAMI	NER'S	CERTIFICA	TE OI	DEATH	1	6366			
	PLACE OF DEATH						ENCE (W	here deceased live			re admission)		
	o. COUNTY Wico	mico		MA	RYLAND	o STATE Del. 6 COUNTY SUSSEX							
-	b CITY OR TOWN (IF	outside corporate mits.		t LENGTH OF STAY	N 1b	c CITY OR TOWN (If outside carparate in ts write RURAL and give nearest town)							
	write RURAL and a	ive negrest town)				Dagsbobo							
	d NAME OF HOSP TAL	OR INSTITUTION (If not	t in haspital,	give street address)		d STREET ADDRESS   e IS RES							
	DOA Pe	ninsula Ge	Hospital		R	loute	2, Box	76		ON A FARM? YES NO			
	NAME OF	Firs	†	Middle	-	Lost		4 DATE OF	Manth	Day	y Yeor		
	DECEASED (Type or print)	WILLI	AM	HAMILTO	M	MITCHEL	I	DEATH	11	-11-66	19		
S	SEX 6	COLOR OR RACE	7 MARR ED	NEVER MARRI	ED 8	DATE OF BIRTH				FUNDER I YEAR	IF UNDER 24 HRS		
	M	W	WIDOWED	DIVORC	ED 🔲	3-21-05			buthday) N 51 yrs	Nonths Days	Hours Min		
	USUAL OCCUPATION (Congression of mast of working life	Give kind of work done		IND OF BUS NESS OR		11 BJRTHPLACE	E (State a	ir fareign cauntry)		12 CTIZEN O	F WHAT		
וטט	EXECU	TIVE		DRUG		TEN	NS	YL VAN	/A	COUNTRY	A		
13	FATHER'S NAME		4			14 MOTHERS M	AIDEN N	AME	M				
	WILLIM	m ol		CHELL		Em	AL	INA	11/170	CHELL			
15. (Ye		N U.S. ARMED FÓRCES? Yes give war ar dates af		SOCIAL SECURITY NO $0-05-27$	1	NFORMANT W.S. WIL	LHE	- MENIA	MAddress	IELL, B	MESBORO		
		TH (Enter only one cous	a per line for	(a), (b), ond (c).)							TERVAL BETWEEN		
	PART I DEATH	WAS CAUSED BY IMMEDIATE CAUSE (	o Cor	conary occ	lusio	n				H%	SELAND DEATH		
		DUE '											
	Conditions, if any, w	thich nave s	b)										
	rise ta immediate (	(Ouse (a), ( Duc.)											
	stating the underly	ing couse	(c)										
		PF CANT CONDITIONS CO		TO NEATH OLIT MOY D	ELAYED TO T	SE TERMINAL DICE	ACE COME	Y T ON CIVEN IN D	ADT 1/-1	110	WAS ALTOPSY		
MOLL	PART I UTIER SIGN	T CAN'T CONDITIONS CC	MIX BUT NO	IO DEATH BET ROLK	CLATCU IQ I	TE TERMINAL DISE	MOL CONF	TION GIVEN IN P	AK: 1(0)		PERFORMED?		
MEDICAL CERTIF CATION	2Dg EXTERNAL CAUS PRIMARY Or CONT		20b Df	SCRIBE HOW INJURY	OCCURRED (	Enter nature of in	ijery n Pi	art 1 ar Part I of	item 18)		رجي ليب		
AL	20c T ME OF INJURY	/ North Day Vans	204	NJURY OCCURRED	20° BLAC	E OF INJURY (Ham	no form	20f (City	ar town)	(County)	(State)		
MEDIC	Haur a.m	mann, bay rear	While of war	Nat While	facta	rry, street, office blo	dg., etc )	201 (CITY	di sowii)	(CDUTTY)	(sine)		
	21. I certify	that Ltook charge	of the rer	nains described o	abave, hel	d an Autapsy		Inspection A	Inquiry	/ A, and	in my opinion		
	death resulted		causes 🛚		_	parama .	micide		rmined man		, ,		
	/	5 1		/		CHIEF N	MEDICAL E	XAMINER					
	ACTUAL SIGNATURE	7	1	12		_M.D ASSISTA	NT MEDIC	CAL EXAMINER			22. DATE SIGNED		
	EXAMINER'S Ea	rl L. Roye		X.	363	DEPUTY		EXAMINER E		ember 1	.1, 1966		
DO	NAME (Type)			De E de La Policia de la Companya de			(3)1881,				3 (55.1.)		
230	B. BHIL, CREMATION	23b DATE THE	4-66	23c NAME DE CEI	PTIS		η.	11/	(City or Town)	(County	MD (Stote)		
24	FUNERAL PRESTOR	Dagles M	elson	Transfer /2	W. K	(2)		BY REGISTRAR		TRAR'S SIGNATU	RE		
	Watson, G	ray, & Mel	son, I	rankfurt,	Del.	DA	TE NO	V 18 19	66 20	lisales	Judge.		

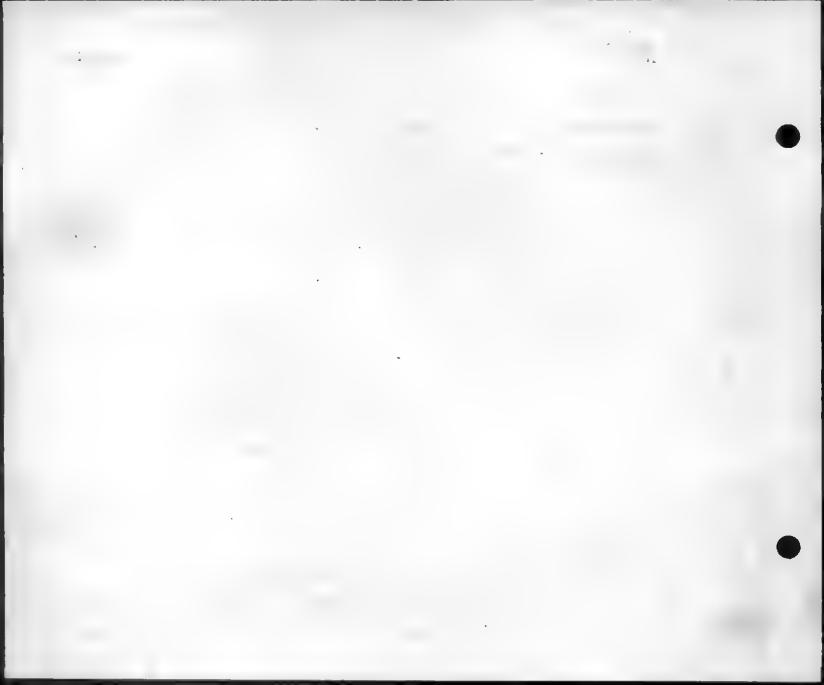
VR A15ME (5) 6M 1/66



16368 CERTIFICATE OF DEATH physician signed by the attending physician and campletely filled in by the funeral signed by the attending place is and 2 burial-transit permit. Then please remay event within 72 hours after death. certificate be executed within 24 haurs ofter death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Maryland Wicomico MARYLAND worcester CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Bishopville. R.F.D. Salisbury d. NAME OF HOSP,TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO S Peninsula General Hospital NAME OF Lost 4. DATE Year First Day DECEASED na 19 6 6 (Type or print) DEATH AGE (In years F UNDER YEAR F UNDER 24 HRS 6 COLOR OR RACE X 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 62 yrs Months Days HOLIS Dearo WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kindle) work done 106 KIND OF BUSINESS OR .1, 8IRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT during most of working life, even if retired) U.S.A. Worcester, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Issac Mumford Inez Holland 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO law requires that the deats (Yes, na, ar unknown) (If yes give war ar dates af service Margie Purnell Bishop, Md. none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO far use as the l Health priar tab stating the underlying cause attending O FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS KUTOPS PERFORMED? NQ by the haspital or 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY, (Hame, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, office bldg. at avark 21. I certify that (I) (this hospital) attended the deceased fram 19 be retained should 1966, and that death occupred at sow the deceased olive on b -M. fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c PHYSICIAN'S Medical Center, Salisbury NAME (Type) Oswald Burton 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) BUTTA (Specify) Sarah Dukes Com Worcester. Bishop. ADDRESS 25o. REC'D BY REGISTRAR 2Sb **FUNERAL DIRECTOR** liarles VR A15 (4) 20 M 1/66



LIVI		16369 CEF	RTIFICATE OF DEATH	16260
death and death		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, o. STATE	if institut on Residence Defore admission)
_ 5 - 5		Wicomico	MARYLAND ///	Don
y the f Pages urs afte		o CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	STAY IN 1b C CITY OF TOWN (If autside carporate limits,	write RURAL and give nearest town)
haurs n by t s. Pa hours		Salisbury P W 5		, as presence
d in d in d in 72 h	;	NAME OF HOSPITA. OR INSTITUTION (If not in hospita, give street address		e IS RESIDENCE ON A FARMS
filled filled thur 7.	2	Peninsula General Hospital		Manth Doy Year, /
ed within 24 haurs sletely filted in by the carbon papers. Pagent, within 72 hours		Type or print) // Stabe/ Fleming	MURPHY, OF DEATH NO	VEMBER 1 1066
executed ind camplet remave car rany event,	5	EMALE WIDOWED DIV	MARRIED 8 DATE OF BIRTH 9 AGE (IT IGST ON THE IT IS AGE (IT I	rthdoy) Manths Doys Hours Min
one be ex lease rem and in an	90°	USUAL DCC PATION (G ve kind of work dape ng most of working ite, even if retired)  NO. STEY	OR 11 BIRTHPLACE (County & State, ar fareign cour	ntry) 12. TITZEN OF WHAT
physician en please aval, and	s 13	FATHER'S NAME	14. MOTHER S MAIDEN NAME	
certif n phy hen nava	1	Deniamin Flemin	9 Ida (dan't	+ Know)
that the death certificate be executed value.  by the attending physician and camplete transit permit. Then please remave cartermatian, ar remaval, and in any event,	fs (Y	WAS DECEASED EVER IN U.S. ARMED, FORCES?  16 SOCIAL SECURITY  17, na, or unknown) (If yes give vgg or dates of service)	Themas O Muchhy.	Address OFMAN dar R.F.D
the at		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	1) ,	INTERVAL BETWEEN
that ton. In. by the ransit		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Servere ac	cidosis	ONSET AND DEATH
ed to all, co		Conditions, if any, which gave ) UE TO Chr 11	30-201	3 245
equires physic signed burial- burial,		rise to immediate cause (o).	7.6277000	7 7 2 3
trending as been as the prior to		storing the underlying couse (c) by per lens	sur C-V-R. Diseas	
IAN: The oil or after oil or after ficate has for use as Health pri	MOITE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a)  19 WAS AUTOPSY PERFORMED? YES \( \bigcup \text{NO} \)
いきまって	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJUDY OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Enter noture of injury in Port I or Port II of ite	em 18.)
JING PHYS by the has ifter this ce be detache State Dept.	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d INJURY OCCURRED While Not While at work	factory, street, office bldg., etc.)	r town) (Caunty) (State)
		21. I certify that (I) (this haspital) attended the dece	eased fram	11 1965, that (I) (we) le
DR: DE G		saw the deceased alive on	(L), and that death accurred at 125 M, fram	
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		220. SIGNATURE	M.D. PHYS. La DIRECTOR L PH	TAFF 22b DATE SIGNED,
	/	22c. PHYSICIAN'S NAME (Type) William D. Gray	Salisbury, Mc	1
fo Hospital Oi Page 4 may be for FUNERAL DIR director, page should be filed	· 73	BURIAL CREMATION, 235 DATE THEREOF 23c NAME O	OF CEMETERY OR CREMATORY 23d, LOCATION (	(City or Tawn) (County) (State)
VR A15 (4)	2	FUNERAL PIRECORY CLUSTER ADDRE	Market, Md   250. REC'D BY REGISTRAR DATE NOV 4 191	25b. REGISTRAR'S SIGNATURE



HOSPITALLOR

VR A15 (4) 15M 9/III

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16370 CERTIFICATE OF DEATH 16380 16369

1. PLACE OF DEAT	н		2. USUAL RESIDENCE (WH		na Residence before edmission)
	mico	MARYLAND	* Maryland	b. COUNTY	Vicomico
b, CITY OR TOWN	(if outside corporete l'mits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporete limits, write RURAL	
Delma	r	40 yrs	Delmar		
d. NAME OF HOSP	ITAL OR INSTITUT ON (if not in ho	spital, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	stnut Street			t Street	AE2   NO 🏋
3. NAME OF DECEASED	First	Middle	Last 4. Di	ATE Month	Dey Year
(Type or print)	T.ENA	ELIZABETH	NOCK DI	Nov. 2	19 66
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years   IF UNDE	ER I YEAR IF UNDER 24 HRS.
Female	White WIDOW	ED X DIVORCED	2-20-1888	78 yrs.	
done during most of w	TION (Give kind of work 10b. ) orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Sie	ete, or foreign country)   12. (	CITIZEN OF WHAT COUNTRY?
At Home	Avena met east it letted)	Home	Maryland		USA
13. FATHER'S NAME		-	14. MOTHER'S MAIDEN NAME		
Samuel H	onko		Laura Miles		
	VER IN U.S. ARMED FORCES?   16.	SOCIAL SEC IDITY NO 17 1		Address	
(Yes, no, or unkown)	If yes give wer or detes of service)	1			
No		Vi	rginia Ward,	Delmar, Md.	
	DEATH [Enter only one cause per		. 0	7	ONSET AND DEATH
PART I, DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	then to toler th	ic beart de	sease	7-3-1
420,0	DUE TO	with any	portive year	luce	1
Conditions, it en			/		
gave rise to immed (e), stating the	DI SILIO				
couse lest.	J (c)				
Z PART I. OTHE	R S GHIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T REATED TO THE TERMINAL D.S	EASE CONDITION GIVEN IN PA	
	weria:	Mucuia,	Mylocarone	2	YES NO 2
		SCRIBE HOW INJURY OCCURED	(Sitief nature of injury in Part I or	Pert II of Item 18.)	
IF EITHER, NOTIF	G CAUSE OF DEATH  MEDICAL EXAMINER)				
ZOc. TIME OF INJ	URY Month, Day, Year 20d.			. (City or town)	County) (Stele)
Hour a.m.	Whil	- 1401 11 IIII - 1	ory, street, office bldg., etc.)		4
P11/1	19 et wo			1/20 >370	61
21. I certify	that (I) (this hospital) atter	ided the deceased from	19 50	10.000	19.00, that (I) (we) last
saw the decea	sed alive ox Mou	Z 5 19 6 9 and that	death occured at.6.36%,	from the causes and or	n the date stated above,
220. SIGNATURE	1/1/ 57	1112	A TTENDING MED	EVAFE	22b. DATE
1/1	11/200	w t	ATTENDING MED. PHYS. DIRECTO	OR PHYS.	hh-25-66 GNED
22c. PHYSICIAN'S			22d. ADDRESS	arrana arrana	_
NAME (Type	Dr. L.V.Sohl	er	Delmar,	MA.	
22- BUBLE CREVA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or co	unity) (Stete)
REMOVAL (Specifi	/)				
Buriai	11-26-66	1 St Stephen	C-VCIII- Kanh	Delmar, Del.	
24 FUNERAL DIRECTO	R'S AIGNATTURE	ADDRESS	10.0 250, Ktch BY	REGISTRAR 256. REGISTEAR	Jagor Jure Judge
Harles	-M. Manuel-	- pelmar,	RUEX- DATE NOV	28 1960	0 4



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law mqmires that the menth certificate by executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16371

1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Wicomico Maryland	a. STATE b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS   e. IS RESIDENCE ON A FARM?
Wicomico Nursing Home	Quantico Road YES NO X
3. NAME OF First Middle DECEASEO (Type or print) ETHEL N	NORTHAM DATE Month Day Year NORTHAM DEATH NOV. 13 19 66
	DATE OF PIDTY I G ACE (In years   IE INGED TYPE INDED 24 HRS
Female White WIOOWED TO DIVORCED	Oct. 4.1883 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Virginia I USA
Samuel Cugler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 1.17	Sallie Lewis
(Yes, no, or unknwn) (If yes give war or dates of service)	Box 276 Att 1 Northam, Swedesboro, N.J.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN OMSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	ones. 24 hon
DUE TO /-/	
Conditions, if any, which gave rise to immediate (b)	4 Chays
cause (a), stating the OUE TO	
underlying cause last. ) (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  200. ACCIDENT WAS UNDERLYING COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20d. Injury Occurred 20d. Injury Occurr	is, steet, united log, etc.)
	Facly 20, 19 60, to Nov. 13, 1966, that (1) (we) last
saw the deceased alive on 1/13 1966, and that	death occurred at A. A.M. from the causes and on the date stated above.
22a. SIGNATURE ZALAMA BANKATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. William B.Smith	Salisbury, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11-16-66 Edgehill	Accomac, Va.
24 FLINERAL DIRECTOR ( CO COMPANY)	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Verley W. Hy ree Journ	Lackdate NOV 1 6 1966 Milarley Judge

VR A15 (4) 15M 4-64

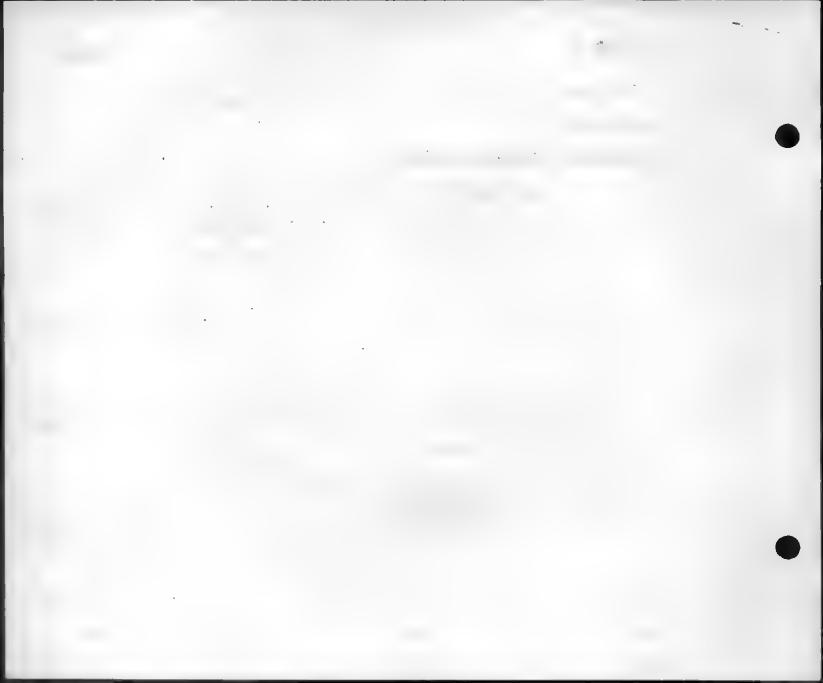


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16372			CERTIFIC	AIE (	OF DEATH			16	5371	
1	PLACE OF DEATH	- <del></del>			2	USUAL RESIDENCE (V	Vhere deceased in			before odmis	sion)
	Wicom Wicom	ico		MARYLAN	ID	o. STATE	and	p conn	N Nice	U11CO	
-	b. CITY OR TOWN	(If outside corporate limits	,	C LENGTH OF STAY IN 18	b . c.	CITY OR TOWN (If ou		nits, write RUR/	AL ond give r	neorest town)	
	Salis	id give neorest town)			- 1	S. 13 a	bury	(Rural	1	0:1	
-	d NAME OF HOSP	TAL OR INSTITUTION (If no	t in hospital, a	zive street oddress)	d	STREET ADDRESS	Duly	THUL CLL	1	e. 15 RE	SIDENCE
						108 1	enjumin	î are			FARM?
	NAME OF	sula Gener		Middle		Lost	4 DATE	# Wonth			Year
٥.	DECEASED		-		200	50N5	OF.	OVEMB			
5	(Type of print) SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	- 1 ( / V				IF UNDER 1 Y		P 66 DER 24 HRS
1	ale	white		baby DIVORCED		ATE OF BIRTH 1:4				Doys Hours	
			WIDOWED	ND OF BUSINESS OR		1. 12,19.6		J yrs	10 (1717	ZEN OF WHAT	126
dui	ring most of working	N (Give kind of work done j life, even if refired)		DUSTRY		1. BIRTHPLACE (County				NTRY?	
	non?			27 50		Salisbury	, Maryla	and	USA	<u>A</u>	
13.	. FATHER S NAME	_			14	MOTHER'S MAIDEN					
		Parsons				Carolyn	Cook				
	1S WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)								S		
10	** ***	- ##	36141(6)		_		in ave.		1 t T*T7	are Lar	กม
	18 CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), and (c))/						INTERVAL B	BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CITELECTORIO									1	ONSET AND	DEATH THE
	16 43		, prints	+-	1.					•	
	Conditions, if ony, which gove ) (h)									15	k j
rise to immediate couse (a), Stating the underlying couse DUE TO											
lost. (c)											
	PART IS OTHER SIGNIFICANT CONDITIONS CONTRIGHING TO DEATH RIST NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6)  19 WAS ALTOPSY										
CATION		-						, ,		PERFOR YES T	NO D
2	200 ACCIDENT WA	AS UNDERLYING 🗆	205 DE	SCRIBE HOW INJURY OCCUI	RRED. (Ent	er noture of injury in	Port I or Port II o	f item 18.)	-	1 763	110
CERTIF	OR CONTRIBUTING	G 🗆 CAUSE OF DEATH		/							
ਤ		MEDICAL EXAMINER) URY Month, Doy, Yeor	20d 18	VUURY OCCURRED 200	PLACE	F INJURY (Home, form	20f. (Ci	ly or town)	(Count	tv)	(Stote)
WED	Hour o.	m.	While	Not While		street, office bldg , etc.)		17 01 101111)	(000)	11)	(31010)
-		m 19	ot work				21 (	11 1.2	20.1	ć .) . (15	
			oital), attend	ded the deceased fro	m1	1112 , 1	9 to la , 10	11113	, 19_62	≦, that (I)	(we) last
		leceased alive on	11112	and <u>طعا 19</u>	i that a	eath occurred at	7 . 70 M, TI	om couses o			ed obove.
	220. SIGNATURE	The last	0			ATTENDING PHYS	MED DIRECTOR	STAFF	22b. DAT	. 13 /_	011
	DO BUNGISTAND	NOC	Men		M.D.	PHYS. 22d. ADDRESS	DIRECTOR L	PHYS L	WOA.		7,700
	22c PHYSICIAN': NAME (Type	1	£ 50 a. m.				a .	de a			
/ Legical tenter, Salishur,											10
23	o BURIAL, CREMATI REMOVAL (Specif	v)		23c. NAME OF CEMETER	Y OR CRE!	MATORY		ON (City or Tow	,	County)	(Stote)
_	Lurial	NOV.	14,1966		Cenn	te.y	Sali:	bury.	d. Vlar	<u>nd</u>	
2	4. FUNERAL DIRECTO		CI -	ADDRESS			BY REGISTRAR		GISTRAR'S SIG		
	ور ۱۱/بانگید/باند	I 16 ((1) = 10/1)	, Salla	5. Urti, marita	ال علام	DATE N.	V 15 1	966 2	Marel	En Jud	Lee.

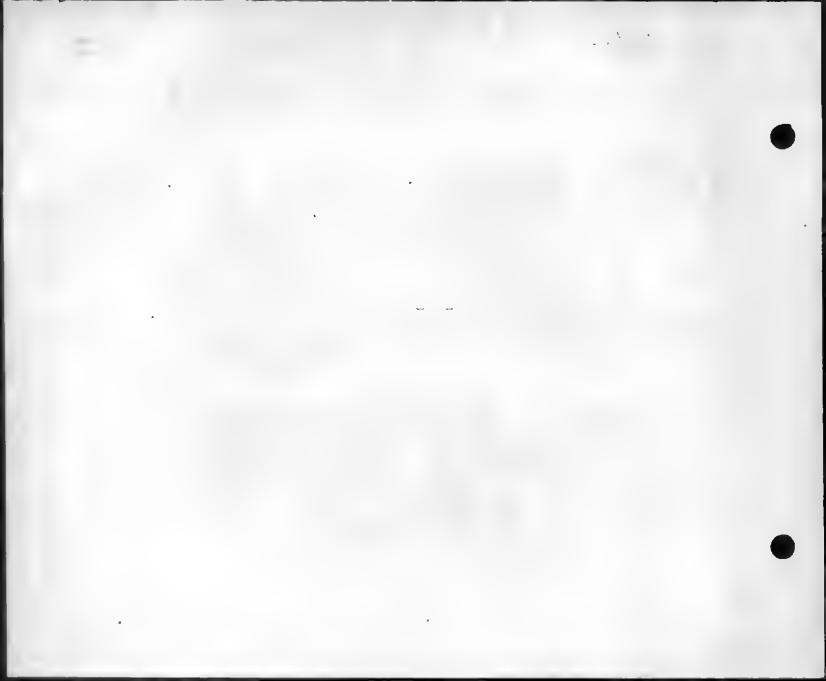
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. When please remove carbon pages. Pages—Lond 2 should be filed with the State Deat, of Health prior to burial, cremation or removed and in any event, within 72 hours offer about **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.

VIII A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16373 CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages, 1 and 2 event, within 72 hours area death. 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Wicomice Marvland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Willards e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS RF'D YES - NO executed within NAME OF DECEASED DATE First Middle Last 4. Month Day Year Herman Patey (Type or print) DEATH NOV 14 1966 19
AGE (In years IF UNDER LYEAR IF UNDER 24 HRS 19 n any eve 6. COLOR OR RACE DATE OF BIRTH 9, 7. MARRIED X NEVER MARRIEO last birthday) Months Days and Male White MIDOWED OIVORGED Jan. 1885 nding physician a Then please re removal, and in 5 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Farmer Own Farm USA Maryle nd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pi ermit. Then John Powell Patey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1 O FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unknown) | (If yes give war or dates of service) 217-36-0262 XX Eve Pater Willards 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO mo Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause fast, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO 2DA. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 1966 to have (4 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at // A. M. from the causes and on the date stated above. saw the deceased alive on Nov 12-1942 22a. SIGNATURE 22b. DATE SIGNED STAFF 11-15-66 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. DATE THEREOF 23c. PEMAYAL (Specify) /66 16 asant Md. ADDRESS FUNERAL-DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 4-64



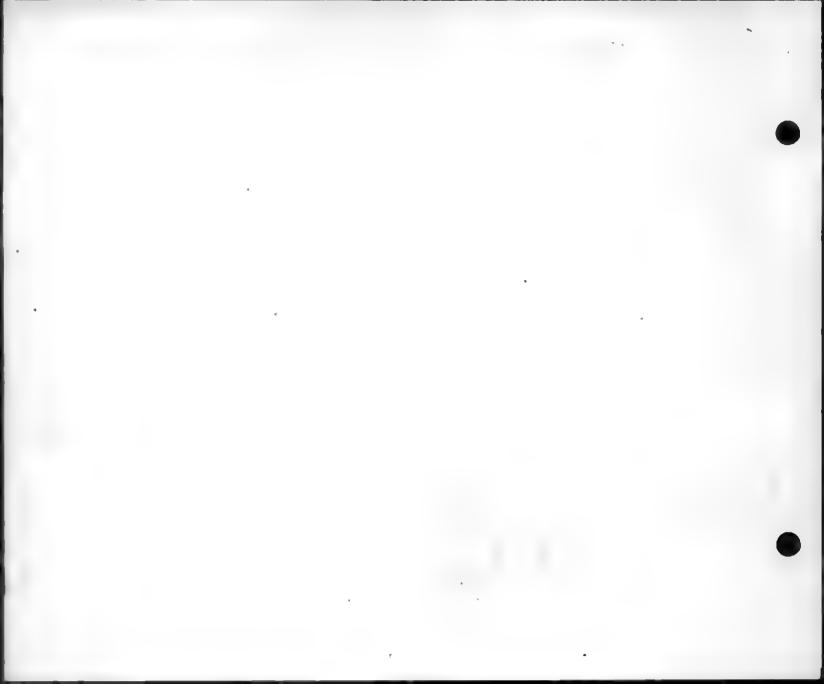
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission b. COUNTY n COLINTY 3 to Page Maryland Wicomico to MARYLAND delay b CITY OR TOWN ( floutside corporate limits. CLENGTH OF STAY N 1b c CITY OR TOWN (It outside corporate limits, write RURA» and give nearest town) write RURAL and give nearest town) offer Baltimore Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours Office-along with form (O7 N. Decker Ave. DOA Peninsula General Hospital YES NO and 2001th the State This certificate should be executed within 24 hours ofter death 4 DATE Month Day 3 NAME OF Middle Lost DECEASED POLCZYNSKI 11-29-66 WILLIAM MICHAEL 19 DEATH within (Type or print) IF LINDER 1 YEAR LIF UNDER 24 HRS 9 AGE (In years SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost\_buthday) Months HOUIS 11-25-11 WIDOWED DIVORCED event 11 BIRTHPLACE (State or foreign country) 100 USUA, OCCUPATION (Give kind of work darie IDB KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even it retired) Bath Lehem Steel COUNTRY ? Baltimore, Md. any Telder the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's poges In any 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Matthew Polozynski unknown 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER NO. S ARMED FORCES? (Yes, no. or unknown) If fives give wor or dates of service) or removal, Helen Gadowski Polczynski, wife, above 6-01-4817 NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) ) ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (o). burial, cremotion, DUE TO Conditions, if any, which gave ) Carbon Monoxide poisoning use to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES SX designated agent, prior to 2Do EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) PRIMARY XX or CONTR BUTING Asleep in auto with motor running AL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form 20f (City or fown) (County) (Stote) 2Dc TIME OF NIJRY Month, Doy, Year foctory\_street, office b dg , etc ) Hour om While of work of work moy be retained for your FUNERAL DIRECTOR: Page Salisbury Wicomico Md 4 XX 11-29-66 21. I certify that Wook charge of the remains described above, held an Autapsy [X], Inspection X, Inquiry X, and in my apinian Undetermined manner the funeral director. death resulted from A Natural causes . Accident X. Suicide 🗍 Hamicide [ CHIEF MEDICAL EXAMINER DEPUTY ME **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE 5 moy be 1 TO FUNERAL Health or i Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 1 November 29, 1966 409 Camden Ave., Salisbury, Md. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION, (County) REMOVAL (Specify). Baltimore, Md. 12/2/66 Oak Lawn Cemetery Schimunek Funeral Home, Inc. 3331 3rehms Lane 250 REC'D BY REG STRAR 1966 24 FUNERAL DIRECTOR DEC VR A15ME (50 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Items 20b-20f Film, 383

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EALTH NEDT	
EALTH DEP1. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Re-	sidence befare admission)
o. COUNTY  Wicomico  MARYLAND  O STATE  Maryland  D CITY OR TOWN (1 gutside carparate limits.  C LENGTH OF STAY IN 1b.  C CITY OR TOWN (1 gutside carparate limits. write RORAL onc.	/
Wicomico  Maryland  D CITY OR TOWN (f autside carparate limits, write RURAL once  Warte PURAL and give negrets town)  C LENGTH OF STAY IN 1b  C CITY OR TOWN (f auts de carparate limits, write RURAL once  Warte PURAL and give negrets town)	give nearest town)
write RURAL and give necest town)  Salisbury  Bethesda	15-2
d NAME OF HOSPITAL OR INSTITUTION (1 not in haspital, give street address)  d. STREET ADDRESS	e IS RESIDENCE
DOA Peninsula General Hospital 5106 Wilson Lane	ON A FARM?
Delity or Town (f outside carparate limits, write RURAL one STAY IN 1b Salisbury  Delity or Town (f outside carparate limits, write RURAL one Stay IN 1b Salisbury  Deltaster  Do apply  Deltaster  Do apply  Deltaster  Do A Peninsula General Hospital  Siname of December of Stay IN 1b Street address)  Do apply  Deltaster  Do apply  Deltaster  Do A Peninsula General Hospital  Siname of December of Stay IN 1b Street address)  Do apply  Deltaster  Do apply  Deltaster  Do A Peninsula General Hospital  Do Bectaster  Do A Deltaster  Do Bectaster  Do B	Doy Year
	-29-66 19
(Type or print)  ALBANIDER  F. PRESCUTT, JT. DEATH  IL-  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8 DATE OF BIRTH  9 AGE (In years   Fundamental properties   Fundamental post   Fundamental po	DER 1 YEAR   IF UNDER 24 HRS
M WIDOWED DIVORCED June 27, 1892 lost birthday) Mont	hs Days Haurs Min
E. F. D. D. LIK ALOY DATION C. In lead of ward dates. J. Dis. VIND OF BUCKES OD 11 DISTURBACE (Center or form or control)	2 CITIZEN OF WHAT
	COUNTRY?
Attorney  Retired  Maryland  13. FATHER'S NAME  ALLOW BY  Retired  Maryland  14. MOTHER'S MAIDEN NAME  Proceeds:  Proceeds:  A Company  A Company  A Company  Retired  Maryland  14. MOTHER'S MAIDEN NAME  Proceeds:  A Company  A Comp	
Attorney  13. FATHER'S NAME  Alexander F. Prescott, Sr.  14. MOTHER'S MAIDEN NAME  Alexander F. Prescott, Sr.  15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give wor ar dates of service)  WW T  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a)  DUE TO  Canditions, if any, which gave I se to immed ate cause (a), stating the underlying cause lost.  PART II OTHER SIGNIFICANT COND TIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)	
15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURIFY NO 17 INFORMANT Address	
Yes. WW I  (If yes give wor or dates of service)  (None   Cecilia K. Prescott   Same   Cecilia K. Prescott   Same   Cecilia K. Prescott   Cecilia K. Presc	as Item 2.
18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)) PART I. DEATH WAS CAUSED BY   MMMEDIATE (AUSE (a)   Rupture of heart	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY  Rupture of heart  DUE TO  Conditions, if any, which gave  I se to immed ate cause (a), (b) Arteriosclerotic heart disease	ONSET AND DEATH Sudden
DUE TO DUE TO	
Canditions, if any, which gave (b) Arteriosclerotic heart disease	Years
DUE TO  Canditions, if any, which gave rise to immed ate cause (a), stating the underlying cause  DUE TO  Arteriosclerotic heart disease  DUE TO  DUE TO	
r se to immed ate cause (a), stating the underlying cause (b), stating the underlying cause (b), stating the underlying cause (c).  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a).  200 EXTERNAL CAUSE WAS	19 WAS AUTOPSY PERFORM 0.2
20 PT	YES NO S
Z = 00 to 100 to	(Caunty) (State)
Hour a.m.  While Not While at wark at	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection A, Inquiry  death resulted from Notural causes, Accident, Suicide, Homicide, Undetermined monner  CHIEF MEDICAL EXAMINER	🗓 , and in my opinior
Moturol causes 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE	22. DATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER	ZZ. DATE MUNEU
EXAMINER'S Earl L. Royer, D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Nove	ember 29, 1966
Examiners Earl L. Royer, D. DEPUTY MEDICAL EXAMINER NAME (Type) 1,09 Camden Ave Salisbury Md Address (Street, city, town, or county) Nove and the same of Camera of Ca	(County) (State)
While at wark	,
// Duital 12-2-00   MOCKVILLE - CHECKLY   MOCKVILLE,	Mary Land  RS SIGNATURE  LONG  LONG  RS SIGNATURE  LONG  LONG  RS SIGNATURE  LONG  LONG  RS SIGNATURE  RS
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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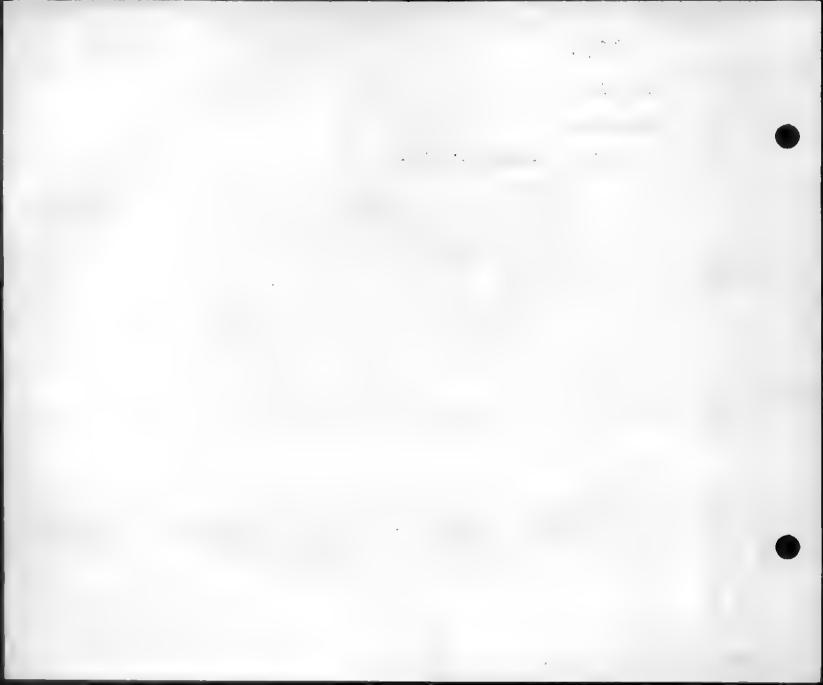
CERTIFICATE OF DEATH

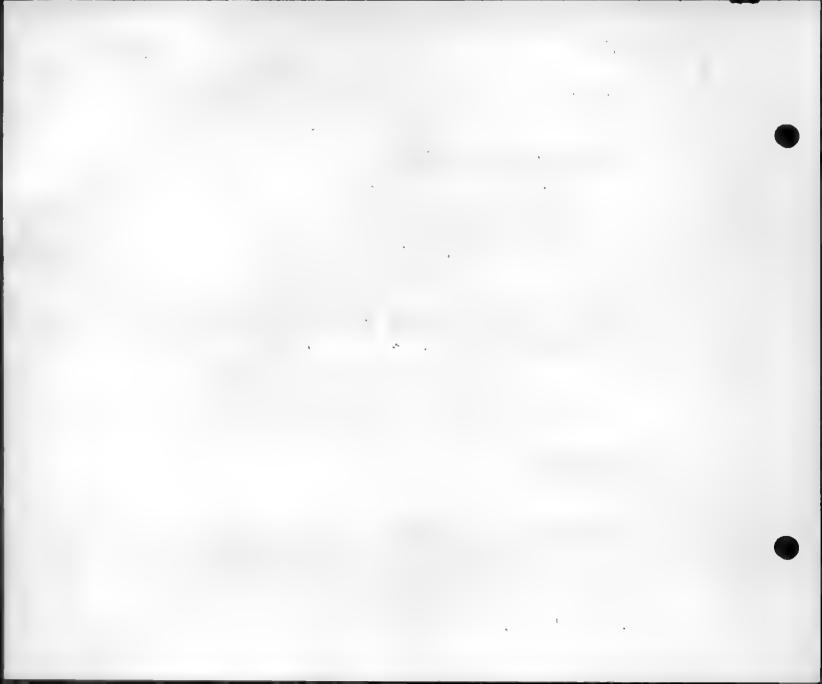
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b CITY OR TOWN	(If outside corporate I mits,		C LENGTH OF STAY IN 10		c CITY OR TOWN (If o					n)
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	deceased alive an	2-	16 19 63, and	that	death accurred a	10 5	M, fram causes			ated abay
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22c. PHYSICIAN		Tu <sup>20</sup>	is to the		22d. ADDRESS	+1000	J 20 1			
NAME (Typ	Hubert h	l. Wa	ite, M.D.		rr'ul	.u_an	l,r	£ 1, 1,		
30. BURIAL, CREMA		OF	23c NAME OF CEMETERY	Y OR CR	EMATORY	23d L	OCATION (City or To	wn)	(County)	(Stote)
burial speci	11/4/6	6	Reformed	Cer	eterv	Mid	dletown	a. Md		
24. FUNERAL DIRECT		-	ADDRESS	A C.11		D BY REGIST		egistrar's si	IGNATURE	
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ATGUILL.	rr combania	TILL G	TEROMIT I	U. a	DAIL	101 7	IONA	/C	- V.A	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit then bease remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or emoval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

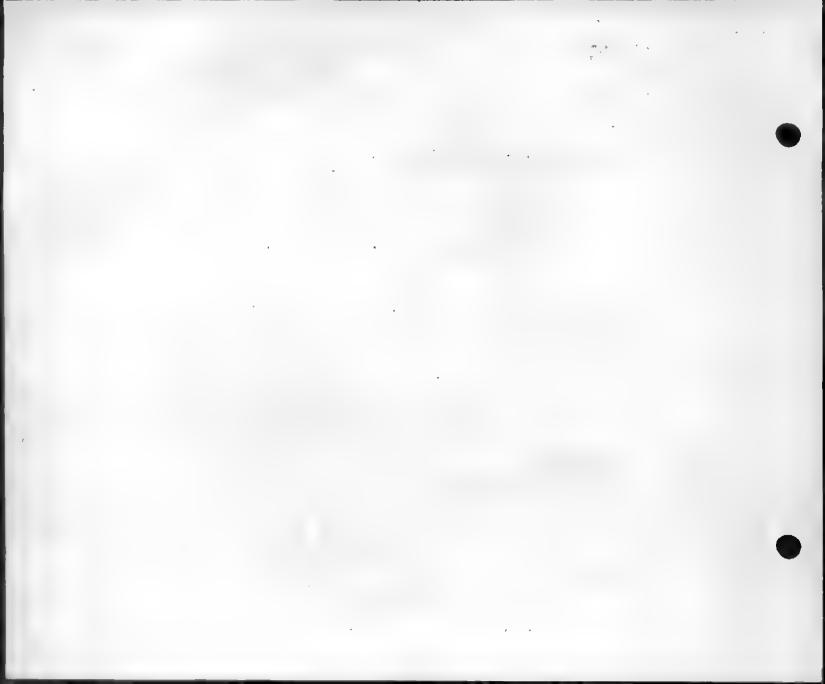
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ate	physician clear please oval, and is		0	mer Se	rvice Station	Oak Hall, Vi	r <sub>S</sub> inia	USA
III.	hysi n pl		1	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	the County	
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d‡.	prystant signed by the attending physician burial-transit permit. Then please burial, crematian, ar removal, and		(Y)	ng or unknown) (If we give war ar dates of service)		NFORMANT rsElsie V. S	hav (difo)	
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ŧ	the sit p		1	18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY		-		INTERVAL BETWEEN ONSET AND DEATH
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PHYSIC	r this certifice detached for te Dept. of He		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year  20d			20f (City or town)	(County) (State)
60 4	e det #		SE SE	Haur a.m. W	hile Nat While I focto	ry, street, office bldg., etc.)		(2.2.4)
				21 1 certify that (I) (this-hospital) at	work L of work L	Fs D 10/0.	6, to 4 NOV	_, 19 <u>6</u> s, that (I) ( <del>we)</del> las
	로 다고 말			saw the deceased alive on 24 0	1966, and that	death occurred at //	M. fram causes an	d on the date stated above
A	E st			22o SIGNATURE	^			22b. DATE SIGNED
OR ATTENDIN	DIRECTOR DIRECTOR De 3 shaul led with th			Suzza (Fit gara)	M.D	ATTENDING MED. PHYS DIRECT	OR STAFF	11-6-66
AL	RAL DIF	1		221 PAYSICIAN'S		22d ADDRESS	1-0- X1	20 11
F	ERA Pr. F			NAME (Type) JOSE pH C. FITZ	GEEALD.	Moderal	Center, Dul	istury May
TO HOSPITAL	o FUNERAL director, pa		230	BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify)	23c, NAME OF CEMETERY OR C	REMATORY 23	d. LOCATION (City or Town)	(County) (State)
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	VR A15 (4) 5	W	24	FUNERAL DIRECTOR HOLLOWAY & COMPLNY, S.L.	ADDRESS TS. (TRVLaby [])	2Sa. REC'D BY RI		TRAN'S SIGNATURE
	20 M 1/66	. 4 .		HOLLOWYI & COURTY III DITT	TOTOLLE & WINELTHING	DATE NOV	10 1966	Course America



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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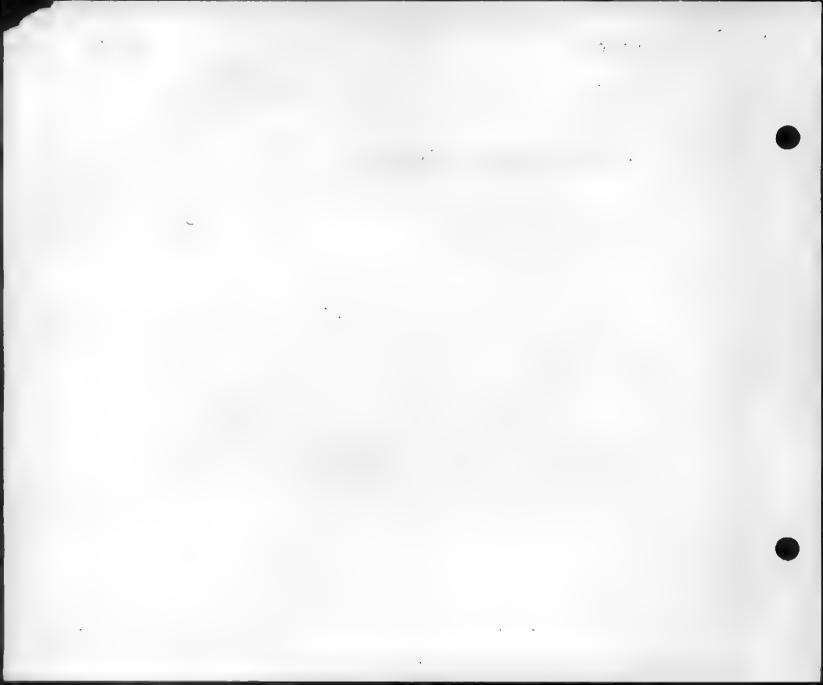
## CERTIFICATE OF DEATH

16378

	2.0000	1000				
	PLACE OF DEATH  0 CQUINTY	2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. STATE Maryland b. COUNTY Wicomico				
	Wicomico MARYLAND					
	b CITY OR TOWN (1 autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)				
	Salisbury	Parsonsburg				
1	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  6 IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)				
	Peninsula General Hospital					
!	NAME OF DECEASED (Type or print) Will'E PURNILL	Thockley DEATH November 24 1966				
S. :		8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS				
1	MALE White WIDOWED DIVORCED	July 15,1891   last b.rthday) Manths Doys Hours Min.				
derri	USUAL OCCUPATION (Give kind at work done ing mast of working life, even if retired)  10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?				
	etired - Farmer Farming	Parsonsburg, Laryland USA				
	FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	Purnell Shockley	Rosa nanoock				
	es, no, or unknown) (If yes give wor or dates af service)	Lr. Gorman W. S. ockley (Son) Zion Road, Salistury, Maryland				
	no 1217-16-9311	Zion Road, Salistury, na yland				
	TB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY.  [MMEDIATE CAUSE (a) Coroning orchim	ONSET AND DEATH				
	DUE TO					
	Conditions, it only, which gave tise to immediate couse (a), (b) illustricalisation caredia	uncelor decine -				
	stating the underlying couse DUE TO					
	lost. (c)					
2	PART II OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?				
CERT FICATION	(h) Tien knee anjustation	YES NO				
TEIC		). (Enter noture of injury in Port 1 or Port II of item 18.)				
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
MED	Haur a m. While Nat While of for	octory, street, affice bldg , etc )				
	Princ and Principle and Princi	10-02, 1966 to 1/27, 1966, that (1) (we) last				
	saw the deceased alive an 15- 1966, and th	at death accurred at ZM, fram causes and an the date stated abave				
22d. SIGNATURE 22b						
	Descir W Toda	M.D ATTENDING MED MED STAFF 1/-24-64				
	22c PHYSICIAN S	22d. ADDRESS				
	NAME (Type) Dr. Neyins W. Todd	Salistury, Maryland				
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City or Town) (County) (Stote)				
	Burial Nov. 27.1966 Farlow Cemet	Pittsville, Laryland				
24	ADDRESS ADDRESS	250 RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE				
	HOLLOWAY & COMPANY, Salis URY, MARYLA	DATE NUV 28 1960				
	The state of the s					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prys. On and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Than project remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remarker and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



1.

CERTIFICATION

MEDICAL

funeral and 2 , death: hours after death. by the furnishment by the furnis and completely filled in by remove carbon papers. Pag executed within plynician a please reval, and in 드 requires that the death certificate be removal, the burial-transit mermit. ^ physician. attending prior ME as as for use Health use certificate Ы the hospital PHYSICIAN: P 40 this cer fetached Dept. be de State by ATTENDING J FINERAL DIRICTIR: Affi director, page 3 should b should be filed with the SI retained 4 шау director, p should be

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY SOMERSET WICOMICO MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
SALISBURY DAYS PRINCESS ANNE R.F.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS SPRINGHILL SANITARIUM NAME OF First Middle Last 4. DATE Month DECEASED SIMPKINS DEATH (Type or print) THOMAS NOV 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** MALE WHITE WIDOWED T DIVORCED AUG. 12.187 8. 10a. USUAL OCCUPATION (GIVe kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR USUAL OCCUPATION (GIVE kind of working life) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? VERNON. U.S.A RETTRED SEAFOOD MD. P 13. FATHER'S NAME MOTHER'S MAIDEN NAME GEORGE SIMPKINS MARY THOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) MRS PHILLIPS WILSON PRINCESS CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a 51 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

Hour a.m. 19

While Not While at work at work

E THEREOF

M.D.

22d.

ADDRESS

DATE

(County)

(State)

WAS AUTOPSY

NO

PERFORMED?

YES [

DATE SIGNED

e. IS RESIDENCE ON A FARM?

Year

19 66

ANNE MD. ONSET AND DEATH

NO A

YES

Day

19.00 21. I certify that (I) (this hospital) attended the deceased from 12 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at/ SIGNATURE

За.	BURIAL,	CREMATION,	23b.	DAT

PHYSICIAN'S

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY ASBURY CEMETERY

23d. LOCATION (City, town or county)

PHYS.

DIRECTOR

(State)

**FUNERAL DIRECTOR** WILSON LEVIN R.

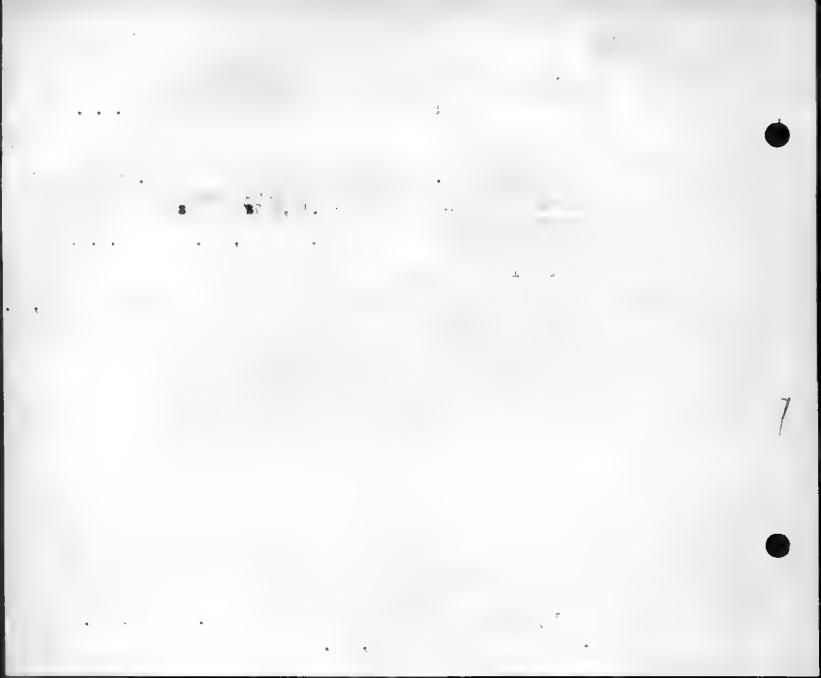
BURTAL

ADDRESS PRINCESS ANNE. MD.

VERNON 254 OFFC'D BY REGISTRAR 1966 REGISTRAR'S SIGNATURE

VR A15 (4) 15M 4-64

Page /



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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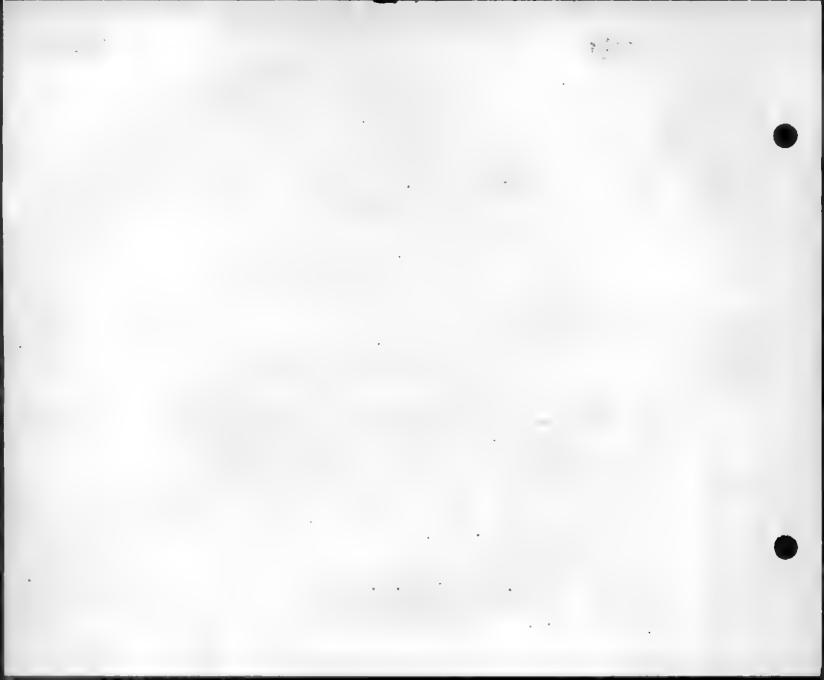
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and shauld be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any egent, within 72 hours after deen

	16381					CERT	IFICA	TE	OF DEATH						163	18(1	
ī.	PLACE OF DEATH O COUNTY Wic	omico			· · · · · ·	MA	ARYLAND		2. USUAL RESIDENCE 0. STATE M		yle		l, if institut b COU	on Reside	nce before	odmissi e <b>t</b>	on)
Г	b. CITY OR TOWN (	f outside corporate limit I give neorest town)	s,		c LENG	TH OF STA	Y IN Ib		CITY OR TOWN (If		,		s, write RU	RAL and gi	ve neores	fewn)	
	_	lisbury_				427	days		C	ri	sfi	eld			,		
		AL OR INSTITUTION (If no	,		ve street	oddress)		H	d STREET ADDRESS							ON A F	DENCE ARM?
	Deer's He	ad State H	ospi	tal					324 Pine	9 5	Stre	et				YES 🔲	NO 📑
3	NAME OF	F	est			Middle			Lost	T	4. DAT		Mon		Doy	Ye	or
	(Type or print)	Ru	pert			R.			Somers		DEA	TH NO	vemb		16,		66
5	SEX	6 COLOR OR RACE	7 MAR	RRIED [	☐ NE	VER MARR	IED 🔲	8.	. DATE OF BIRTH			9 AGE	In years	IF UNDER	1 YEAR Doys	IF UNDE	R 24 HRS. Min.
	Male	White	WIDO	DWED [	X	DIVOR	CED 🔲		1	88	38	78"	oirthdoy) yrs.	11011713		(lout)	195070.
10	USUAL OCCUPATION	(Give kind of work done		Ob KIN	ID OF BU	SINESS OR			11. BIRTHPLACE (Coun	ty &	State, o	r foreign co	untry)	12 (	ITIZEN OF	WHAT	
สย	ring most of working.	LC1an		Ele	ctri	c			Crisfield	l,	Md.			0	DUNTRY?		
13	FATHER'S NAME							T	14 MOTHER'S MAIDEN	N NA	ME			- 1			
	Edgar S	Somers							Jennie Mi	.13	liga	n					
15	WAS DECEASED EVE	R IN U.S ARMED FORCES?		16 50	OCIAL SE	CURITY NO	1	7 IN	REFORMANT	_			Addr	.ess	Gr	isfi	eld,
(Y	es, no, or unknown)	(If yes give wor or dotes of None	of service	21	9-02	3-075	g M	rs	. Irene Br	'a c	isha	w. 9	Ches	apeak			Md.
		ATH (Enter only one cou	ise per li												INT	RVAL BE	
		TH WAS CAUSED BY.  IMMEDIATE CAUSE				ho-pr	eumo	oni	la						2 DN	ES AND I	DEATH Drs.
	.3.51	4.0															
	Conditions, if ony,	which gove	(b)	Ge	ener	alize	ed Ar	rte	erioscleros	51	8				Ye	ers	
	rise to immediat stating the under																
	last.	)	(c)														
_	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBU	TING TO	D DEATH	BUT NOT F	RELATED 1	TO TH	HE TERMINAL DISEASE O	OND	ITION (	IVEN IN PA	ART I(o)		19	WAS AUT	OPSY
(TIO)		Cerebral v													Y	PERFORM S X	NO [
물	20o ACCIDENT WA	S UNDERLYING [						ED (E	Enter noture of injury in	n Po	ort I or	Port II of a	tem 18.)				
CERT		CAUSE OF DEATH MEDICAL EXAMINER)															
MEDICAL CERTIFICATION		JRY Month Doy, Yeor		20d. INJ	JURY OCC	URRED	20e	PLACI	E OF INJURY (Home, fo	rm,	20	(City	or town)	{C	ounty)		(Stote)
E W	Hour o.r	η,		While		t White	1	focto	ry, street, office bldg., et	k()		` '					. ,
	p.r	fy that (I) (this has		ot work		work L	d from	S	ent 15	10	65	to Mo	arbmb e	r1619	66 th	at /1\ /	wol Inc
	Cowethe d	eceased alive an	Mov.	. 16	jeu me	19 66	ontin	that	denth occurred o	nt.	3:10	M fron	o consec	and an	the dat	e state	y apani
	22a. SIGNATURE	ctedied diffe dij	13			7	-		-						DATE SIGN		
	Tha	5.11.4	-1/21	11 L	Cal	396	X	M.D.	. PHYS		AED Directoi		STAFF PHYS.	0	11/1	7/66	Ś
	(22c PHYSICIAN'S						_		22d. ADDRESS							N.	1d.
П	NAME (Type	Chas. H.	Mi	nnac	cott	, M.	D.		Deer's	H	ead	Stat	e Hos	pital	S٤ را	ulist	ury
23	o BURTAL, CREMATIC	ON, 23b. DATE TH	EREOF		23c N	AME OF CE	METERY	OR C	REMATORY		23d.	LOCATION	(City or To	own)	(County)	) (5	tote)
B	UP TEMOVAL (Specify	Nov. 1	9, 1	966	Sun	nyri	dge	Cer	meterv		Cr	isfie	eld,	Md.		,	
2	4. FUNERAL DIRECTO		,			ADDRESS	0		2Sa, RE	CD	BY REG	ISTRAR	25h R	FGISTRAR'S	SIGNATUR		
E	radshaw 8	Sons, Cri	sfie	eld.	Md.				DATE	2	1	1966	you	corle	Jus	gen	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16382

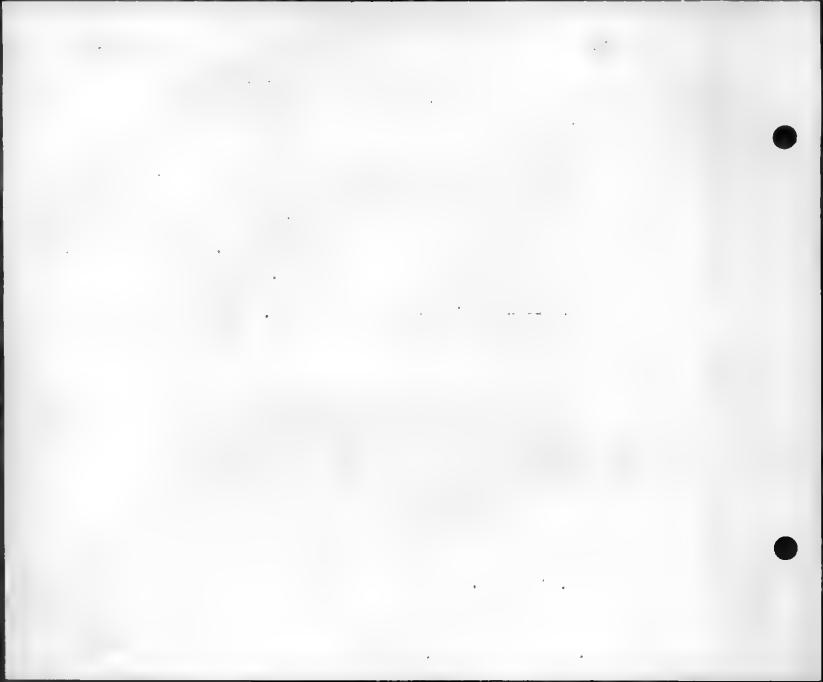
CERTIFICATE OF DEATH

16381

	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)			
	o COUNTY Wicom	100	MARYLAND	O. STATE PENNSYLVANIA B. COUNTY PHILADELPHIA			
b CITY OR TOWN (if outside corporate limits,			c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	utside corporate limits, write RURAL and gi	tve nearest town)	
	write RURAL ond giv		6 WEEKS	PHILAD	ELPHIA	75.3	
_		R INSTITUTION (If not in hospital, a	give street oddress)	d STREET ADDRESS		e IS RESIDENCE	
	Wicomic	o Nursing Home		4613 SPRU	CE STREET	ON A FARM? YES NO X	
	NAME OF DECEASED (Type or print)	EDITH F'ST	Middle EGINNISS	STEVENSON	4. DATE Month OF 11	28 19 66	
-		COLOR OR RACE 7. MARRIED WIDOWED	L Market Market	SEPT. 30,18	ast hirthday) Months	R 1 YEAR   JF UNDER 24 HRS.   Doys Hours Min	
	USUAL OCCUPATION (GIVEN TRED REGI		ND OF BUSINESS OR DUSTRY			CITIZEN OF WHAT OUNTRY?	
13.	FATHER'S NAME	DODDON M. MOCES	11700	14. MOTHER'S MAIDEN NAME MARY E. ROACH			
10	WAS DECEASED EVER IN	ROBERT T. MEGIN			LISBURY, MARGALAND		
(Ye	is to ot nuknowu) (It A	ne aive were at datas of carrieral			ELLIS 744 S. PARK	TRIVE	
	INTERVAL BETWEEN						
	PART I. DEATH W		Copy and (d.)	1	a licen o	ONSET AND DEATH	
	121.2	IMMEDIATE CAUSE (o)	63	7		- College	
	Conditions, if ony, wh	ich gave ) (6)	Car 14	makeer,		5	
	rise to immediate couse (o), stoting the underlying couse DUE TO						
	lost.	g (c)					
ATION	PART II OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	200 ACCIDENT WAS UN OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY MED	AUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part If of item 18.)		
MEDICAL	20c TIME OF INJURY Hour a.m. p.m.	Month, Day, Yeor 20d II While at worl	Not While fact	CE OF INJURY (Home, form ory, street, office bldg., etc.)		County) (Stote)	
	2). I certify that (1) (this haspital) attended the deceased fram 4 - 10/28, ta 11/28, 1966 that (1) (we) last						
	saw the deceased alive an19, and that death accurred atM, fram causes and an the date stated above.						
	220. SIGNATURE		DATE SIGNED .—28—1966				
	22c PHYSICIAN'S NAME (Type)	oury, Maryland					
230	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town) HAGERSTOWN WAS	(County) (Stote) HINGTON MD.	
Ī	BUR TAL (Specify)	11/30/1966	ROSE HILL CE				
24	FUNERAL DIRECTOR		ADDRESS	2So. REC I	D BY REGISTRAR 25b. REGISTRAR'S		
1	CHARLES M.	ROUZER HAGERST	OWN MARY LAND	DATEDIC	of the Miles	Mai Geodale	

TO HOSPITAL OR ATTENDING PHYSICIAN: The Ilw Imquires that the death certificate be exacuted within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I ged 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after peats. Page 4 may be retained by the haspital or attending physician.

> VR ATE (4)(1) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		16383	CERTIFICATE	OF DEATH		16382			
		PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE ( Maryland	Where deceased lived, if institution b. COUNT	ry 💃			
		Wicomico b. CITY OR TOWN (If outside corporate limits, write_RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits, write RURA	L and give nearest town)			
		Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in h	IT Days	Princess d. STREET ADDRESS	Anne	19 IS RESIDENCE			
	,	Peninsula General	Hospital	G. SIREET ADDRESS		e, is residence on a farm? yes \( \) no \( \)			
		NAME OF DECEASED (Type or print) ELIJAh		LOST VENSON  DATE OF BIRTH	4. DATE Month OF DEATH NOVEM 9. AGE (In years				
	). _/	44 7 11		4/15/1883	ost birthdoy) 3 yrs	Months Doys Hours Min			
	dut	JSÜAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Tetired	106 KIND OF BUSINESS OR RENETFEED	Somerset	(& Stote or foreign country)  County Mary	12 CITIZEN OF WHAT COUNTRY? Land. U.S.A			
	13. FATHER'S NAME  James Stevenson  14. MOTHER'S MAIDEN NAME  Pricilla Stewart								
	IS. {Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi		ibabeth H	argis Prince				
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ine for (0), (b), and (c))	tie He	est Dans	INTERVAL BETWEEN ONSET AND DEATH			
		4200 DUE TO							
		to immediate couse (a), storing the underlying couse (b).  [b]  DUE TO  (c)							
		PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T		NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?			
£	CATIO	Careinon	1 /27 6	stale		YES NO Z			
	1 CERTIFICATION	700 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBY HOW INJURY OCCURRED. (						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m. 19		E OF INJURY (Home, for iry, street, office bldg., etc		(County) (State)			
		21. I certify that (I) (this haspital saw fire deceased alive an		death accurred a	19 <u>(6</u> , ta <u>///</u> 1/35 <sub>0</sub> M, from couses o	, 19 <u></u> , that (I) (we) la and on the date stated abov			
	0	220 SIGNATURE	Lucre M.O	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED			
1		22c PHYSICIAN S NAME (Type)		XXXII CES	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CX <b>X</b> <sub>X</sub>			

23c NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottern director, page 3 should be detached for use as the burial-transit pegram

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the direct certificate be executed within 24 hours ofter death

physician and completely filled in by the funeral len please remave carbon popers. Pages I and ovol, and in any event, within 72 hours after death

John Wesley H. James Jr. Princess Anne, Md

23b. DATE THEREOF

BURIAL, CREMATION,
BURIAL (Specify)

Princess 250. REC D BY REGISTRAR 1966

23d. LOCATION (City or Town)

as Anne Md 25b. REGISTRAR'S SIGNATURE

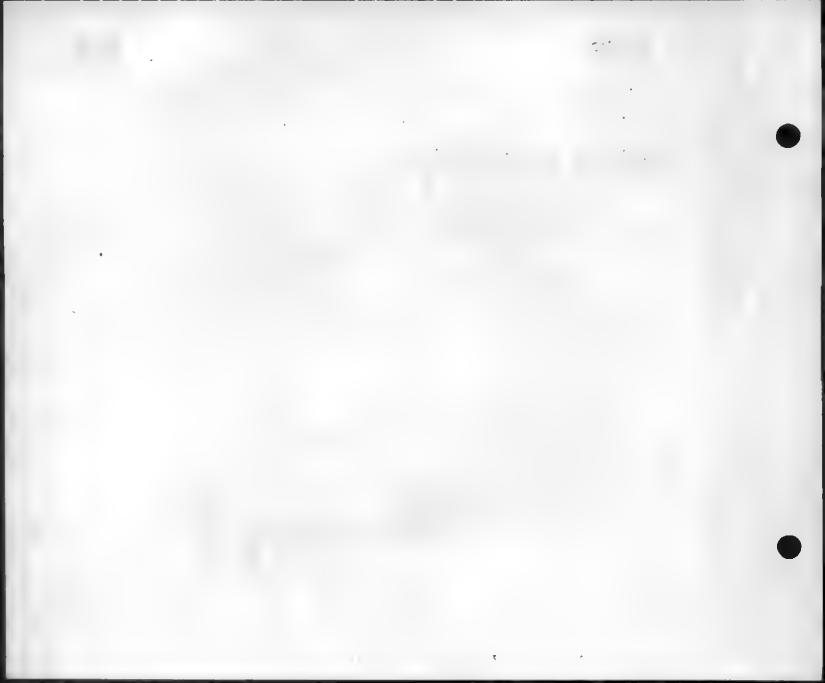
(County)

(Stote)

VR A15 (4) 20 M 1/66

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Page 4 may be retained by the hospital or attending physicion.



Division of STATISTICAL RESEARCH AND

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	16384 Item	23c Film G382 CERTIFIC	ATE OF DEATH		16383			
	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				
	. COUNTY WICOMICO	MARYLAN		o. STATE b. COUNTY Wicomico				
	b CITY OR TOWN (If autside corporate limits,	c LENGTH OF STAY IN 11	Arabay Ti	tside carparote fimits, write RURAL				
	write RURAL and give nearest town)		Sali	sbury	22/			
$\vdash$	Salisbury  d NAME OF HOSPITAL OR INSTITUTION (If not in h	nshital are street address)	d STREET ADDRESS	POUTA	e IS RESIDENCE			
	Peninsula General		}	Cherryway	ON A FARM? YES NO X			
	NAME OF Frst	Middle	Lost	4 DATE November onth	Day Year			
	OECEASED (Type or print) IRIS	DENSON 7	Tilahman	DEATH NOVILLEUR	8 1966			
S	SEX 6. COLOR OR RACE 7. M	ARRIED 🔀 NEVER MARRIED	8 DATE OF BIRTH		Months Days Hours Min			
J	Temale white W	DOWED DIVORCED	Nov. 16, 19	20 45 yrs	TT 22 Mill			
	USUAL OCCUPATION (Give kind of work dane	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State or fareign country)	12 C TIZEN OF WHAT			
	ing mast af warking life, even if retired)	INDUSTRY	Wicomico (	County, Maryland	COUNTRY?			
	FATHER'S NAME		14. MOTHER'S MAIDEN I					
8	William D. Fletcher		Ella J. Da	onson				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address				
(Y)	es, no, ar unknawn) (If yes give war or dates of servi	217-10-3892	20/L Cherry	fton Til <sub>s</sub> hman ( way. Salispury.	instana)			
	18. CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY		Pa in a	· Dille	INTERVAL BETWEEN ONSET/AND DEATH			
	IMMEDIATE CAUSE (a)	11/coanne	- Wind	My Mylar	014081			
	T ( ) DUE TO Canditions, if any, which gove (b)	arteus?	cleratie	Peffee	while Heart			
	rise to immediate couse (a), stating the underlying cause	allena	cla -	7-18-11. T	Juneal			
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE COM	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO 🔀			
	20a. ACCIDENT WAS UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCUP	IRRED. (Enter nature of injury in	Part 1 ar Part II of item 18)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A						
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Hour o.m.	While Not While	De PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.)		(County) (State)			
	Date.	at work La at wark La	nm 10 - 30 Volin	0 +00 /#1///	10 that (1) (wa) las			
	21. I certify that (1) (this haspital saw the deceased alive an	dienged the deceased tra		11.40M, fram causes at	q , 19 , that (I) (we) las nd an the date stated abave			
	220. SIGNATURE Certur	1000	ATTENDING TSI	MED. STAFF	22b. DATE SIGNED			
	a surje	- Seller	M.D. PHYS.	DIRECTOR L PHYS. L	Nov. 8, 1966,			

23b

DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

FARSC N: Cemeter

Figs. A.C.O. / EM. of F.

22d. ADDRESS

23d. LOCATION (City or Tawn)

(County)

BURIAL, CREMATION, REMOVAL (Specify) LUL LUL FUNERAL DIRECTOR

23a

22c. PHYSICIAN'S NAME (Type)

96 ADDRESS S.LISLUMY, MARYLAND

Sa] 25b. 250 REC'D BY NOV 1966

REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and nony event, within 72 haurs after death VR A15 (4) × 20 M 1/66

CV

remave carbon papers. Pages 1 and 2 n any event, within 72 haurs after death.

Q

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 114 hours after death

Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16385 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY Somerset Maryland Wicemice MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURA, and give nearest town) Crisfield 5YearshMos 31 ays Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Jacksonville Road Deer's Head State Hospital YES NO 1 4. DATE 3 NAME OF Middle Manth Day Year Last DECEASED 66 Nevember 25 19 Townsend DEATH (Type of print) Leona IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 72 birthday) Hours White Female WIDOWED X DIVORCED March 30, 1894 10a USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Housewife ANDUSTRY COUNTRY? Crisfield, Maryland None 13. FATHER'S NAME Arintha Tawes James Brown S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)
NO NOBE 17 INFORMANT 16 SOCIAL SECURITY NO Address Hospital Records 217-09-8773 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c)) ONSET, AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO Canditions, if any, which gave Generalized Arteriosclerosis Years rise ta immediate cause (a), DUE TO stating the underlying cause Years (c) Diabetes Mellitus PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? A-B Amputation - Right NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram. ta 11/25/06, 19 , that (I) (we) last 7/20/01 saw the deceased alive an 11/25/66 19 , and that death accurred at 6:10PM, from causes and an the date stated above. 22b. DATE SIGNED 22a\_SIGNATURE **ATTENDING** STAFF PHYS. vices 11/26/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Box 671, Salisbury NAME (Type) C. H. Winnacott, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 23g. BURIAL, CREMATION, Bur REMOVAL (Specify) St. Peter's Cemetery Crisfield, Md. lov. 29, 1966 256 REGISTRARS SIGNATURE 25g. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR

NOV 30

1966

Page 4 may be retained by the haspital ar attending physician. **O FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta VR A15 (4) 20 M 1/66

Bradshaw & Sons, Crisfield, Md.

death

plean and campletely filled in by the funeral please remaye carban papers. Pages I and 2 I and 10 and in any event, within 72 haurs after death.

signed by the attending phy burial-transit permit. "den-p burial, crematian, ar remaval,

Per

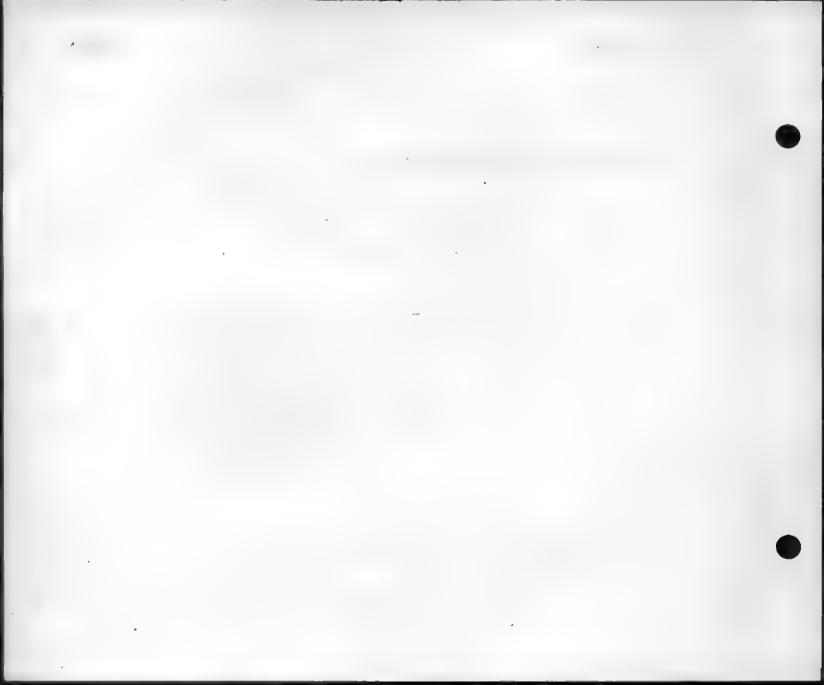
The faw requires that the death certificate be executed within 24 hours after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16386	CERTIFICATE	OF DEATH		10999
1. PLACE OF DEATH			Where deceosed lived, if institution:	
· Wicomico	MARYLAND	° STATE Maryla	nd b county	Wicomico
b CITY OR TOWN (If outside corporate limits.	c LENGTH OF STAY IN 1b	CEITY OR TOWN (If ou	stside corporate limits, write RURAL	
write RURAL and give neorest town) Salisbury		Hebron		2:1
d NAME OF HOSPITAL OR INSTITUTION (If not in h	pospitol, give street oddress)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
Peninsula General	Hospital	How	ard Street	YES NO X
3 NAME OF First	Middle	Lost	4. DATE Month	Doy Year
(Type of print)  A N N	4 7	unnell	DEATH Novemb	
S SEX 6 COLOR OR RACE 7 A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		F LNDER I YEAR OF UNDER 24 HRS.  Aonths Doys Hours Min
Gemale White W	IDOWED DIVORCED	6-17-1886	80 yrs	
100 USUA, OCCLPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
At Home		Tyaskin,		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Unknown		Unkno		
1S WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. no_or unknown) I(1) yes give wor or dotes of serv	(ICB)	NFORMANT	Address	
(Yes, no or unknown) (If yes give wor or dates of serv	216-07-6289 N	Mildred Wo	otten, Delmar	r, Del.
18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY		, – /	1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Myocardial 14	your & hen	noperiendiano	
420./ DUE TO	Acute myoca	andrie !	/ (	
Conditions, if ony, which gove (b)	Heave negoti	racar / sefa	rie feme	
stoting the underlying couse	A marin ash	ben celebraic		
lost. ) (c)_	Goronary att	WO S CESTOS/S	DETAIL OF THE BURE AND A CO.	LIM WAS BUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDI!ION GIVEN IN PAKE I(0)	19 WAS AUTOPSY PERFORMED?
5	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	AP-1	D. a. L D. a. H C. (a 18.)	YES X NO 🗍
200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTION CAUSE OF DEATH (IF FITTER NOTIFY MEDICAL CYAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	ron for ron it of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	LOGA INTERPRESENTED AND DIA	er or intignit /II C	n. 20f. (City or town)	(County) (State)
20c TIME OF INJURY Month, Doy, Yeor Hour o.m.	While Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
p.m. 17	of work Lad of work Lad	12 - 17 1	10// 10 //- 27	- 10 / / that (I) (iva) la
21. I certify that (I) (this haspital saw the deceased alive on	- 23 - 10 66 and the	t death occurred at	10.35 PM from couses on	T, IY @ @ INUT (I) (We) IUS
220 SIGNATURE	7 C	T GEGIN OCCORDS OF	I COSCS GI	22b. DATE SIGNED
1 source	he Caffeel M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	11-26-66
22c. PHYSICIAN'S	7/1	22d. ADDRESS	2 2	1 /
MAME (Type)		Medua	E Center San	Cours Md
23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	) (County) (State)
Bufffal Specify) 11-26-6	6 Hebron		Hebron, Md	
24 FUNERAL DIRECTOR OA CLAS	ADDRESS	10. 1 250. RECT	D BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
Charles YV XXIII	el- Llumo,	DATE N	OV 28 1966 F	Charles Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please hande carbon papers. Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, crematian, ar remaval, pretrif on event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 llours after lleath Page 4 may be retained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please jernove carbon papers. Pages 1 and 2 slould be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any elent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MADVI AND STATE DE	PARTMENT OF HEALTH
		6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	16387 CERTIFICAT	E OF DEATH 16386
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Wicomico MARYLAND	a. STATE Maryland b. COUNTY dicomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Salishury	Salisbury 22/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  0. IS RESIDENCE ON A FARM?
	Springhilı Private Sanitariun	Kaywoou Tive YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) LAGUIE SPINGLE	TURNER DEATH November II 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Months   Days,   Hours   Min.
	Female white WIDOWED DIVORCED	July 25,10/3   93 yrs.   3   16
ווונ	LUSUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	LOUS WIFO (Letiroà)	Jicomico County, Larylanh USA
		14. MOTHER'S MAIDEN NAME
	George Williams . WAS DECEASED EVERINUS, ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Susana Moore
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s., no, or unknown) (If yes give war or dates of service)	Lr. J mes d. Turner (Son)
	1216-54-9845	R.Jebron. Maryland
-1	18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	Acula Menas Heast
ı	TTXX DUE TO Conditions, If any, which \	
1	gave rise to Immediate	
П	cause (a), stating the DUE TO underlying cause last.	
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CAI		PERFORMED?
=	20a. ACCIDENT WAS UNDERLYING   20b, DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)
5 5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Ä	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   201. (City or town) (County) (State)
MEOIL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)
2	21. 1 certify that (I) (this hospital) attended the deceased from	1966 to 1/-11 , 1966 that (1) (we) last
		death occurred at P. 9 M, from the causes and on the date stated above.
Į	22a. SIGNATURE	22b. DATE SIGNED
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. Nov. // /1966
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Dr. hilip a. Insley	116 I. Lain St., Salistury, land
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (State)

Tyaskin ADDRESS

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Cemet ev

REC'D BY REGISTRAR NOV 1 5 19

kin | 25b.

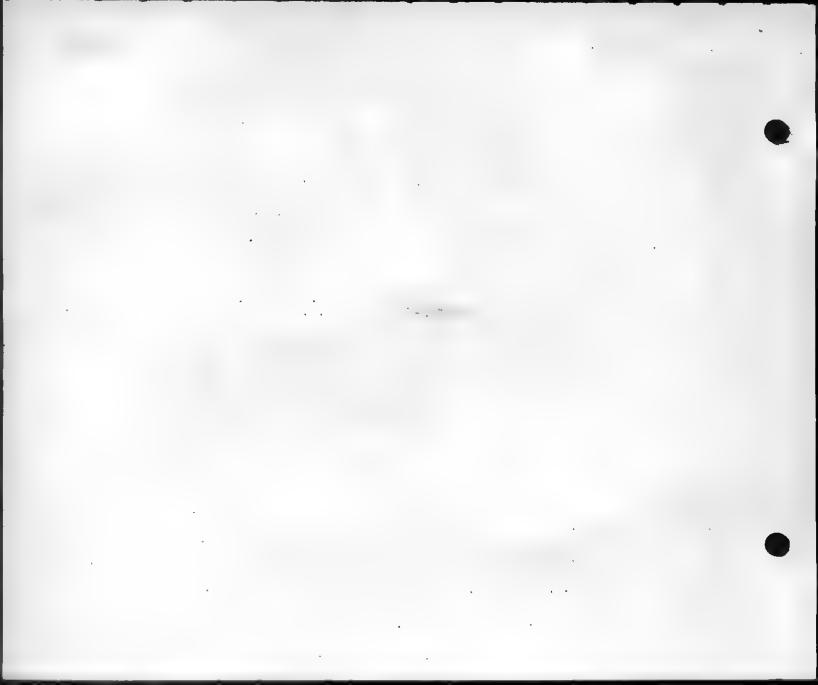
1966

REGISTRAR'S SIGNATURE

Jelianles Judge

VR A15 (4) 20M 1/65 بالمالية

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. n. COUNTY g. STATE b COUNTY Poge death. Wicomico Maryland Wicomico -MARYLAND dalloy Stote Department b. CITY OR TOWN (If autside carporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparate limits, write RURA, and give nearest town) write RURAL and give negrest town) ofter Hurlock Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) S RES DENCE d STREET ADDRESS form within 72 hours Pages DOA Peninsula General Hospital Box 57 YES NO F 24 hierrs after death, 3 NAME OF along with 4 DATE Month Last Day Year DECEASED 0F 8. Give F the VENABLES 11-11-66 ARTHUR 19 (Type or print) DEATH with IF LINDER 1 YEAR 8. DATE OF B RTH IF tINDER 24 HRS S SEX 6 COLOR OR RACE 9. AGE ( n years 7 MARRIED NEVER MARR ED last birthday) Hours h-15-15 W WIDOWED Off ce and 2 \ in Item 1 IDa, USUA, OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign cauntry) 12 CITIZEN OF WHAT TRY? during most of working life, even if retired) Maryland Chief Medical Examiner's pages ONY 13. FATHER'S NAME pencil be executed within \_ William B. Verables 0 puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO Mrs. Arthur B. Venables, Hurlock, Md. "pending" (Yes, na arunknawn) (I yes nwa was as dates af service removal. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one couse per ne far (o), (b) and (c)) ONSET AND DEATH Sudden PART I DEATH WAS CAUSED BY Acute myocardial infarction 5 IMMEDIATE CALSE (a). This certificate should the word cremation, DHE TO Canditions, if any, which gave (b) rise to immediate couse (a). be forworded to DUE TO stating the underlying cause D buriol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPSY PERFORMED? the certificate, YES SE 0 NO 2Dg EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of item 18) prior 3 should should t PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH ogent, 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame form (City or town) (Stote) 20c TIME OF NURY Month, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) Nat While Page at wark at wark its designated 21. I certify that Lapak charge of the remains described above, held an Autapsy X Inspection X Inquiry X, and in my apinion Natural causes X deoth resulted from: Suicide Homicide Undetermined monner Accident

may be retoined for your FUNERAL DIRECTOR: Page the funeral director Health or

ACTUAL

SIGNATURE

23g BURIAL CREMATION.

Royer.

Mocketockickxx. Easton. Md.

Ave.

Salisbury.

Spring Hill

23c. NAME OF CEMETERY OR CREMATORY

VR ATSME (S)

REC D BY REGISTRAR 25b REG STRAR S SIGNATURE 1986

23d LOCATION (City or Town)

22. DATE SIGNED

(State)

November 11, 1966

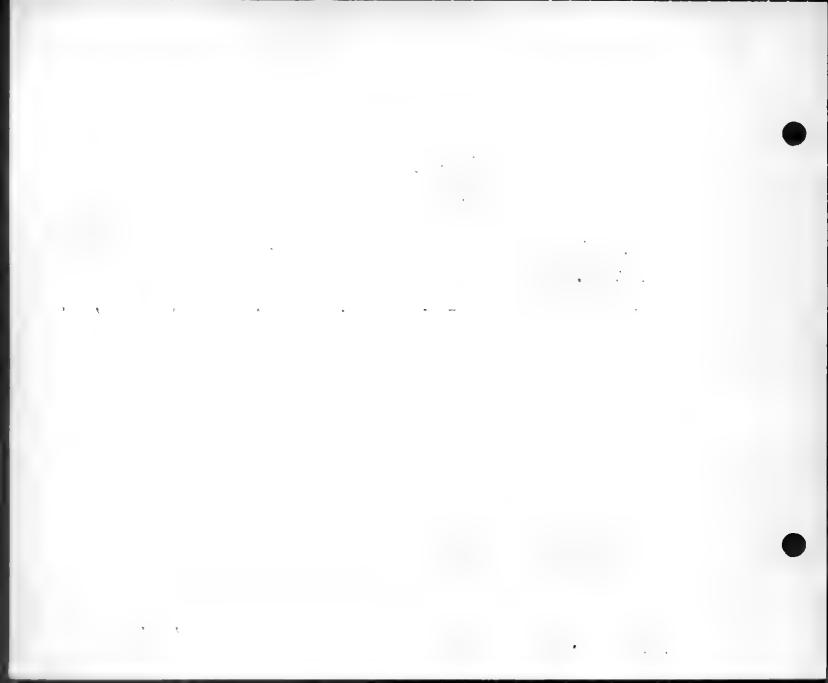
(County)

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MED CAL EXAMINER 100

Address (Street, city, town, or county)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

2 6 4			16389	CERTIFICATE	OF DEATH	163	388
funerol i and ier deoth			LACE OF DEATH COUNTY WICOMICO	MARYEAND	2. USUAL RESIDENCE (Where of o. STATE	deceased lived, if institution. Resident	e before admission)
after the fu ges 1 after	ŀ		CITY OR TOWN (If autside carparate limits.	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside co	arparate limits, write RURAL and give	
nin 24 hours after filled in by the filled in by the filled in by the filled in hy the filled in 72 hours after			write R-RAL and give nearest town) Salisbury	10 yrs	Med	Calour	· / · · · ·
4 ho I in Pers. 72 ha	2/	(	NAME OF HOSPITAL OR INSTITUTION (If not in haspital give	e street (adress)	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM?
filled pope thin 7	71		Peninsula General Hos		Levro	Lale.	AE2 NO 5
with bond		(	IAME OF Fest ECEASED (YPE or print) MARIE	8. WAS	PRINGTON 8	EATH NOVE MISSER	16 19 6 G
execute and comp remove o		F	EMALE WHITE WIDOWED	The track have the track of the	DATE OF BIRTH 2-2-1897	BB yrs	YEAR IF UNDER 24 HRS Days Hours Min
The be ex			USUA, OCCUPATION (Give kind of work dane 10b KIND) ng most of varking it to even if retireal 10b KINDU	OF BUSINESS OR STRY	11. BIRTHPLACE (County & State	, or fareign country) 12. CIT COU	ZEN OF WHAT NTRY?
ertifica professional		13.	FATHER'S NAME	lle	14 MOTHER'S MAIDEN NAME	Seine	
the death certificate be executed to otherwise one compression ond compression, a permit. Then people remove constitution, or removel, and in any event		15/ (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO no, ar unknown) (If yes give war ar dates of service)	CIAL SECURITY NO.	La Para	nton - Mes	Elstono De
not the or y the or nasit permation			1B. CAUSE OF DEATH (Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	), (b), and (c))	tases	0	INTERVAL BETWEEN ONSEJ AND DEATH ONCOMERS
urres th hysician gned by nrial-tro rrial, cr			(Conditions, if any, which gave) (b) (Carl	icenoria of	' uterus		2421
ding plant signatured by the but to but to but the but to but to but the but to but the but th			rise to immediate cause (a), stating the underlying cause (c)				
The land of the property of th	1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION	EGIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
SICIAN spitol certification of for		L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b. DESCI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED (I	Enter nature of injury in Part I (	ar Part II of item 1B.)	
VG PHY the ho ar this of detach		MEDICAL	Hour a.m While p.m. 19 at wark [	Not While at work	ry, street, office bldg., etc.)	20f. (City or tawn) (Cau	
Affe d by d be d be e Sto			21. I certify that (I) (this-hospital) attende	d the deceased fram	uxe , 196	4 to 1900. 16 , 190	≤, that (I) ( <del>we</del> ) last
For the state of t			saw the deceased alive an// S	19 <u>4-6-</u> , and fnat	death accurred at 716	M, fram causes and an th	e date stated abave. TE SIGNED
DIRECTOR A Second Secon			Eftoise H Genn	M.D	ATTENDING MED. PHYS DIRECT	STAFE	16-66
A Al	1		27C. PHYSICIAN'S // NAME (Type)	/			
O HOSPI Page 4 n O FUNER director, should b		230	BURAL, CREMAT ON 23b. DATE THEREOF REMOVAN (Specify)  11-/8-66	230 NAME OF CEMETERY OR C	REMATORY 23	dd LOCATION (City or Town)	(Store)
VR A15 (4) , 20 M 1/66		24	FUNRAL DIRECTOR James - M	ADDRESS - S	DATE NOV	15.4h /	GNATURE Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

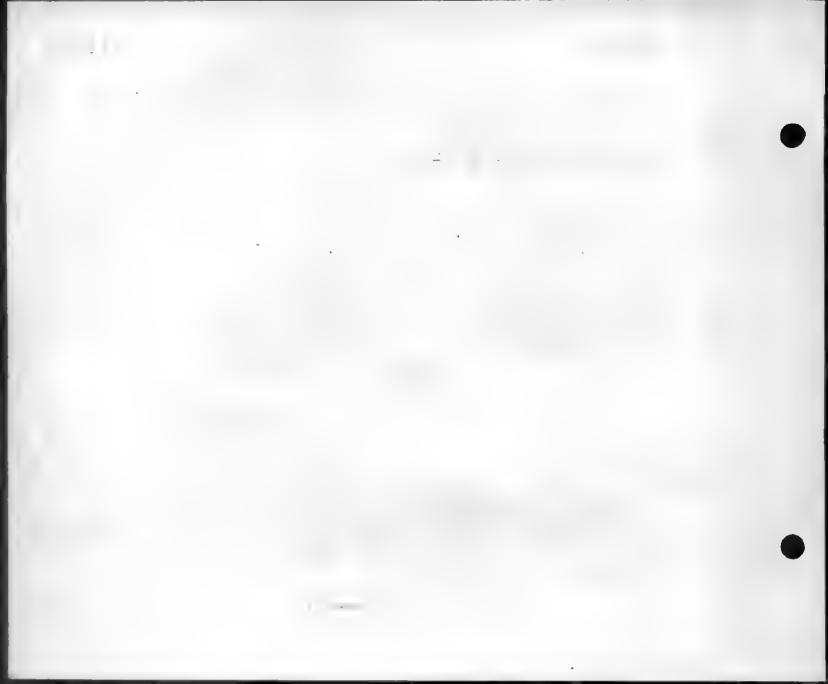
16383

16390

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if 'nstitution: Residence before admission)
	d. COUNTY WICOMICO MARYLAND	MARY LAND 6 COUNTY SEMERSET
	b CTY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c CFTY OR TOWN (1/ autside carparate limits, write RURAL and give nearest lawn)
	write RuRAL and give nearest tawn) Salisbury	DEAL ISLAND
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RES DENCE
	Peninsula General Hospital	MAIN ROAD. ON A FARM?
3.	NAME OF First Middle	Last 4 DATE / Month Doy Year
	DECEASED (Type or print) WILLIAM E	Webster DEATH NOVEMBER 14 1966
5	,	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) lost Virthday) Months Days Hours Min
/	male white widowed Divorced	9-22-1721 45 vis
plo	The Mind of Working of Work done of Manager of the Mind of Buyings or the Mind of Working of Buyings or the Mind of Working of the Mind of the Mind of Working o	11 BIRTHPLACE (Cautity & State, or foreign country)  12 CITIZEN OF WHAT COUNTRY?  A
112	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10	JOHN WEBSTER	EMMA BENNETT
		INFORMANT Address DEAL
1	es, na, ar unknawn) (If yes give war or dates of service)	RANCES WEBSIER- ISLAND-MD.
7	IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) ) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
ľ	IMMEDIATE CAUSE (0) Planocuro	marozia Christia
	DUE TO	
	Conditions, if any, which gave rise to immediate cause (a),	
	stating the underlying cause DUE TO	
	last. (c)	
,   2	PART II OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(o) 19 WAS AUTOPSY PERFORMED?
A78	(Interioscleration 14	Per decene YES NO D
CERTIFICATION		(Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
NE NE	Hour o.m. p.m. 19 While Otwork Otwark	tary, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from_	11/3 , 1966, to 11/4, 1966, that (I) (we) lost
	sow the deceased give on 11/14 1966, and the	of death occurred of M. from couses and on the date stated above.
	220 SUGNATURE	ATTENDING MED STAFF 22b DATE SIGNED
	and f/ Tollume M.	D. PHYS.   DIRECTOR   PHYS.   VOV 14-1466
	22c. PHYSICIAN'S NAME(Type)	22d. ADDRESS
23	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF C	
L	134RIAL 11-10-66 21-40HNS	
2	LEUMÉRAL DIRECTOR HILL ADDRESS	250. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE
1	I de de la	DATE NUV 18 1956 of world Junger

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. The place remaye corban papers Pages 1 and 2 should be filed with the State Dept. af Health prior to buriol, cremation, or removal and page event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

(2)	,		16391			CERTIFICAT	E OF DEATH		163	390
funeral age 2	)		PLACE OF DEATH  a. COUNTY  Wicomic	20		MARYLAND	2. USUAL RESIDENCE ( a. STATE Mary 1	Where deceased lived, it	L COUNTY	ce befare admission)
by the f Bages Pages haurs aft				outside carparate limits give nearest town)	c. LENGT	H OF STAY IN 16	i	utside carparate limits, v burv	write RURAL and give	e nearest tawn)
vithin 24 hours aftily filled in by the hon papers. Page within 72 hours aftily	80		d. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospital, give street		d. STREET ADDRESS	arkway Cir	cle	e. IS RESIDENCE ON A FARM? YES NO X
campletely fi ove carbon y event, with	U	3.	NAME OF DECEASED (Type or print)	Fir ROBE	st	Middle	hav land	4. DATE OF DEATH NO	Month	
e executed withing and campletely fremove carbon any event, with	I		MALE	white	WIDOWED	DIVORCED	July 19, 18		hday) Manths yrs. 3	Days Hours Min.
physician and please rem		dur.	ng most of working lift letired) R	Give kind af wark dane e, even if retired) Coute Sales	10b. KIND OF BUS INDUSTRY IMAD Soft Dr		Allen, Ma		(TY) 12. (f)	TIZEN OF WHAT UNTRY? USA
h certific ling physi Then pl				ld Whaylan	Ti6. SOCIAL SEC	IDITY NA 112	May L. H		0.44	
attending phy-			s, na, arunknawn)  (F No	f yes give war ar dates a	1 service) 214-10	-9511	Mrs. Lena 706 Park	Whayland ay Circle.	(Wife) Salisbury	. Maryland
<b>ATTENDING PHYSICIAN:</b> The law requires that the etained by the haspital or attending physician. <b>CTOR:</b> After this certificate has been signed by the shauld be detached for use as the burial-transit vith the State Dept. of Health priar to burial, cremat	1		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE			Cerebro	l MEtasta	1588	ONSET AND DEATH
			Conditions, if any, v rise to immediate stating the underly	cause (a), (	(b) Carei	n Oma	of Prost	ate		
		×	last.	)	(c) Ontributing to death b	UT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19. WAS AUTOPSY PERFORMED?
	0	CERTIFICATION	20g. ACCIDENT WAS U	T CAUSE OF DEATH	20b. DESCRIBE HOV	Y INJURY OCCURRE	). (Enter nature of injury in	Part I ar Part II of item	1 18.)	YES NO
	9	MEDICAL CE	(IF EITHER, NOTIFY M 20c. TIME OF INJUR Hour a.m.	EDICAL EXAMINER)	20d. INJURY OCCU	While fo	LACE OF INJURY (Hame, farr actory, street, affice bldg., etc.	n, 20f. (City or t	tawn) (Car	unty) (State)
			21. I certify sow the dec	that (I) (this has	pitat) attended the	vark LJ deceased from 966, and th	Oct 30	1966 to N	OV 17, 19 Couses ond an ti	thot (I) (awe) la
			22a. SIGNATURE	comes (	e. Help of		ATTENDING PHYS.	MED. STA	22b. D.	ATE SIGNED 12 1966
4 may IERAL ar, po d be fi	1		22c. PHYSICIAN'S NAME (Type)	Dr. Thoms		Jp.		luff Rd.,		BURY, Md
Page TO FUN direct	2		BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR		5.1966 All	ME OF CEMETERY O Len Cemet DDRESS	ery	23d. LOCATION (CI Allen	Maryland	(County) (State)
VR A15 (4) 20 M 1/66	6	74		& COMPANY,	SALISCURY		The state of the s	INII + F INF	6 REGISTRAR'S S	rles Judge

13.6 -wandallah Peringula General Hesputhi

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16392

## CERTIFICATE OF DEATH

16391

La	PLACE OF DEATH O COUNTY WICOMI	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY										
	MICOMI	.co		MAI	Maryland Wicomico							
	write RURAL on Salist	(If outside corparate limit d give nearest town)	s,	c. LENGTH OF STAY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury							
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	et in hospital, g	ive street oddress)	d. STREET ADDRESS	V				SIDENCE		
)	Penins	ula Gener	al Ho	spital	619 Homer Street YES N							
3.	NAME OF DECEASED	C i Fi	rst	Middle	2.1	Lost	4. DATE	Mon	1		Year	
	(Type or print)	GARL		***		lliams	DEATH	Novem			9 <b>6,6</b> DER 24 HRS.	
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		. DATE OF BIRTH		AGE (In years lost birthday)	Months 1	ovs Hour		
	male	White	WIDOWED	DIVORCE	ED []	Dec. 4,1885		80 yrs.	11 2	2		
du	ing most of working	N (Give kind of work done life, even if retired) Electricial	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Wicomico County, Maryland USA						
	FATHER'S NAME					14. MOTHER'S MAIDEN						
	John H. I	. Williams				Lillie F	lilghma	n				
15	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Leona W. Betts, (Daughter) Salisbury											
	IB. CAUSE OF D	EATH (Enter only one cou TH WAS CAUSED BY:		(a), (b), ond (c).)		Ars. Joan		<del>1.11; ~ 1.11)+</del>		INTERVAL E		
	443X	HMMEDIATE CAUSE (o)  DUE TO  SELECTION  AND THE CAUSE (o)  SELECTI										
	Conditions, if ony, which gave ) (b)									3 4/	the	
	rise to immediate couse (o),											
L	lost,	lost. (c) They protein a Col Austra 3 yrs.										
ATION	PART II. OTHER S	ignificant conditions o	ONTRIBUTING 1	O DEATH BUT NOT RI	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(o)		19. WAS AI FERFOI FES	NO	
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	298. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port 1 or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o. p.	10	20d. If White of work	NJURY OCCURRED Not While of work		E OF INJURY (Home, for ary, street, office bldg., etc		(City or town)	(Coun	ty)	(State)	
Г	21. I certify that (I) (this haspital) attended the deceased fram											
	220. SIGNATURE  B  ATTENDING  MED.  DIRECTOR  PHYS.  22b. DAJE SIGNED  11/26/66											
	22c. PHYSIGIAN NAME (Type		5mi	14		22d. ADDRESS 5. );	UISION	51.	54/15/	nury	md.	
23	o. BURIAL, CREMATI REMOVAL (Specif	(1)		23c. NAME OF CER			23d. LO	CATION (City or To	own) (C	ounty)	(Stote)	
	REMOVAL (Specific		1966		Memo:			ishury.	Liryla	DO		
2	4. FUNERAL DIRECTO		W	ADDRESS			D BY REGISTR	3	EGISTRAR'S SIG	NATURE	1.0	
	MOTTON	Y & COMPAIN	, SALI	SLURY, MA	RYL IV	D DATE N	IOV 29	19\$6	Juany	es yeur	The same	

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MALE NAME OF

Pontanian Comercia Rockets